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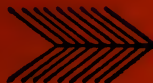


SIXTH ANNIVERSARY
U. of I. GROUP PLAN
of
**HOSPITAL-MEDICAL
SURGICAL INSURANCE**

Exclusively for
All Employees
— and their families —
of

THE UNIVERSITY OF ILLINOIS

at Champaign-Urbana
1955-1956



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UNIVERSITY OF ILLINOIS



University of Illinois

Urbana, Illinois

To Members Of The Faculty And Staff:

I am pleased to announce a program of improved benefits for all participants in the University Faculty and Staff Group Hospitalization Insurance Plan effective October 1, 1955, the Sixth Anniversary of the program.

Major revisions which have been incorporated in the policy include a \$5,000 catastrophe provision in addition to base plan benefits. This provision reflects the latest trend in the health insurance field and is in keeping with the intent to provide the best insurance at a minimum of cost. Other changes include increased benefits for hospital room and board, incidental hospital expenses, emergency outpatient treatment, and maternity benefits.

This voluntary program for employees and their families offers an outstanding insurance value which The Board of Trustees of the University of Illinois, as your employer, is happy to make available for your greater protection and security.

I urge all employees who are not presently covered by the University Group Plan to review this booklet and determine for themselves the many advantages to be gained by participating in the plan.

For your convenience in enrolling, an application is attached to the back of this booklet. Complete it now, for your continued protection at all times wherever you may be.

Cordially,



Comptroller

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WHO IS ELIGIBLE?

1. All full-time and active part-time Employees of the University of Illinois at Champaign-Urbana, the staff of Allied Surveys and Laboratories on the Champaign-Urbana Campus, and the Athletic Association Staff at Champaign-Urbana may participate in the plan regardless of age, physical condition, or occupation.

2. Present employees, except those indicated under point 3 below, may enroll ONLY at the annual enrollment date of October 1, provided application for their coverage with proper remittance is RECEIVED PRIOR to that date. Enrollment will not be permitted during the policy year EXCEPT for new employees as outlined under point 3 below.

3. Employees whose contract with the University became effective on or after August 1, 1955 become eligible for this insurance at the effective date of their employment and may be insured on the first of the month following the date application with proper remittance is RECEIVED WITHIN 60 days following the date of employment. New employees whose application and remittance are not received by the University within the above stated 60 day period will not be accepted for enrollment until the subsequent annual enrollment date of October 1.

4. Such employees enumerated above may continue to participate should they take University approved disability leave, sick leave, or sabbatical leave. Employees terminating employment with the University may continue to participate throughout the current policy year; then they may contact the Company direct regarding individual coverage.

5. Employees entering retirement during the 1955-56 policy year are eligible to continue participating if they participated for at least 12 consecutive months immediately prior to the effective date of retirement. Those entering retirement subsequent to the 1955-56 policy year must have been participants for at least 5 consecutive years immediately prior to the effective date of retirement, except those retiring in less than 5 years may have coverage after retirement provided they have participated CONTINUOUSLY (without any lapse in coverage) since October 1, 1955.

Any retired person who allows coverage under this Group Plan to lapse at any time for any reason may not be reinstated.

6. Spouses of employees, not divorced or separated, and unmarried, dependent children (your own and those of your spouse for whom sole support is contributed by the insured employee) over 30 days and under nineteen years of age, who are not otherwise eligible for the Student Group Plan of the University, represent dependents eligible for coverage.

Such eligible dependents may be insured on the date your insurance becomes effective providing application for their coverage with proper remittance is RECEIVED PRIOR to that date, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED. However, new dependents may be added within 60 days of attaining insurable status provided application for their coverage with proper remittance is RECEIVED PRIOR to the end of that time, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED.

7. Spouses not remarried and/or other eligible dependents as indicated above of deceased employees are eligible to continue participation.

8. Medical examination is not required; however, you and your eligible dependents will be covered ONLY for any injury or disease which has its inception ON or AFTER the effective date of coverage as to the insured person in the University Faculty-Staff Insurance Plan.

THE APPLICATION

on the Inside Back Cover

is for the use of

ONLY

Those Employees Who Are Not As Yet

Insured Under This

U. of I. GROUP PLAN

CATASTROPHE BENEFITS ARE PROVIDED . . .

The following HOSPITAL—MEDICAL—SURGICAL expense reimbursement benefits are available to you and your eligible dependents against loss *resulting directly and independently of all other causes from accidental bodily injuries sustained during the term of coverage* as to the insured or insured dependents and causing loss commencing while the coverage is in force as to the insured or insured dependents *and against loss resulting from disease contracted during the term of coverage* and causing loss commencing while the coverage is in force as to the insured or insured dependents subject to the provisions, conditions and limitations as outlined herein.

PART I HOSPITAL RESIDENCE EXPENSE

If, on account of such injuries or disease, *the insured or insured dependents of the insured shall on the advice of a legally qualified physician or surgeon require residence as an in-patient in any legally operated hospital for a continuous period of at least twelve hours*, the company will pay the expense actually incurred each day for hospital room and board not to exceed \$10.00 per day for such hospital residence but in no event will the company's payments exceed \$210.00 for any one period of hospital confinement of the insured or insured dependent of the insured.

PART II MISCELLANEOUS HOSPITAL EXPENSE

If, on account of such injuries or disease *and while in residence as an in-patient in any legally operated hospital as provided in Part I*, the insured or insured dependents of the insured shall incur expense for laboratory tests, anesthetics and administration thereof, use of operating room, medicine, drugs, dressings, blood transfusions and the administration thereof, X-rays, and ambulance expense to and from hospital (limit \$10.00 per confinement), the company will pay the actual expense thereof not to exceed in the aggregate \$100.00 for any one period of hospital confinement of the insured or insured dependent of the insured.

PART III PHYSICIAN'S EXPENSE

If, on account of such injuries or disease *and while in residence as an in-patient in any legally operated hospital as provided in Part I*, the insured or insured dependents of the insured shall require treatment by a legally qualified physician, the company will pay the expense actually incurred each calendar day not to exceed \$3.00 per day but in no event will the company's payments exceed \$63.00 for any one period of hospital confinement of the insured or

insured dependent of the insured. (Physician's expense excluded if a surgical operation expense is payable.)

PART IV SURGICAL OPERATION EXPENSE

If, on account of such injuries or disease *and while in residence as an in-patient in any legally operated hospital as provided in Part I*, the insured or insured dependents of the insured shall require surgical treatment, the company will pay the actual expense thereof not to exceed the maximum amount as specified in the Schedule of Expense Benefits for Surgical Procedures on pages 9-12.

If two or more surgical procedures are performed at any one time or at successive times for the same or related disabilities (where there has not been complete recovery from the disability), the total amount payable shall not exceed the maximum surgical allowance of \$150.00.

If two or more surgical procedures are performed during the course of a single operation involving only one incision, an expense will be payable only for that one procedure for which the largest amount is payable.

PART V MATERNITY EXPENSE AS LIMITED HEREIN

No maternity benefits shall be payable under the new policy until it has been in force as to the person whose pregnancy is the basis of claim for at least thirty days prior to the inception of such pregnancy. If the insured or insured dependent whose pregnancy is the basis of claim has been previously insured under University policy No. SRD-83953, that this policy replaces, and maternity benefits would have been payable under such policy had it not terminated, the effective date of such maternity coverage shall be the effective date of the maternity coverage under the former policy.

Subject thereto, if the insured or insured dependents of the insured are hospitalized as provided in Part I as a result of pregnancy, childbirth, abortion, miscarriage, or any illness related to any of these, and the policy is then in force as to the insured or insured dependents, the *maximum allowance for the combined Hospital-Medical-Surgical expense* shall not exceed \$85.00 for delivery of child or children or any illness related thereto; \$170.00 for Cesarean section including delivery or abdominal incision for extra-uterine or tubal pregnancy or any illness related thereto; \$42.50 for abortion or miscarriage or any illness related thereto.

PART VI MISCELLANEOUS OUTPATIENT EXPENSE

When by reason of accidental bodily injuries for which no expense is pay-

able under any other provision of the policy the insured or insured dependents of the insured shall be *necessarily treated in a hospital, clinic, or doctor's office within 24 hours after the occurrence of such injuries* and during the period the policy is in force as to the insured or insured dependents of the insured. the company will pay the expenses actually incurred, not to exceed in the aggregate \$25.00 as the result of any one accident. If within 30 days after the date of such injuries, the insured or insured dependent of the insured shall be necessarily confined within a hospital by reason of the same injuries, any amount paid hereunder shall be credited against the total amount payable under Part II.

PART VII

CATASTROPHE EXPENSE

If, on account of such injuries or disease *and while in residence as an in-patient in any legally operated hospital as provided in Part I*, the insured or insured dependents of the insured shall incur expenses of the type stipulated in Parts I, II, III, and IV hereof and which total expense is in excess of one and one-half times the aggregate amount of the claim to be paid under those Parts, the Company will pay 80% of such excess amount not to exceed in the aggregate \$5,000.00 for any one claim as to any one insured or insured dependent of the insured. (Maternity Expense, Part V, and the Miscellaneous Out-Patient Expense, Part VI, are to be excluded from this Part.)

PART VIII

EXCLUSIONS

The insurance under the policy shall not apply to: (a) such injuries sustained or disease contracted unless hospital residence is required in the treatment thereof, except as provided under Part VI hereof; or (b) hospital admission solely for X-ray, laboratory, electrocardiographic, basal metabolism, or other examinations relating to such injuries or disease for which hospital residence is not required, except as provided under Part VI hereof; or (c) refraction or expense of eyeglasses; or (d) loss due to dental treatment or dental surgery; or (e) any loss for disease contracted or injuries sustained previous to the policy effective date as to the insured or insured dependents of the insured; or (f) injury or disease for which expense is payable under any Workmen's Compensation or Occupational Disease law or arrangement; or (g) loss due to pregnancy, childbirth, abortion, miscarriage, or any illness related to any of these except as stated under Part V; or (h) care provided by a health resort or rest home; or (i) care provided by a governmental agency without cost to the insured or insured dependents of the insured; or (j) intentionally self-inflicted injuries.

PART IX

EFFECTIVE DATE OF INSURANCE

The insurance of the insured and/or insured dependents of the insured shall

become effective on the first day of the month of the policy year following the date application therefor and proper remittance are received by the University. (Subject to the provisions and limitations as outlined under "Who is Eligible" starting on page 1 hereof.)

PART X TERMINATION OF INSURANCE

1. The insurance of the insured and insured dependents of the insured shall cease automatically, without need for notice to the insured:
 - a. At the expiration of the period for which premium has been paid;
 - b. On the date the policy terminates; or
 - c. On the anniversary date of the policy following the date the Insured ceases to be an employee of the University, except for those employees entering retirement between October 1, 1955, and October 1, 1956, such employees are eligible to continue their insurance in force provided they were covered under the University Group Policy for at least twelve consecutive months immediately prior to the effective date of retirement and for those employees entering retirement after October 1, 1956, and prior to October 1, 1960, such employees are eligible to continue their insurance in force provided they were continuously covered under this policy since October 1, 1955, and for those employees entering retirement after October 1, 1960, such employees are eligible to continue their insurance in force provided they were continuously covered under this policy for sixty consecutive months immediately prior to the date of retirement.
2. The insurance as respects an insured dependent of the insured shall cease automatically, without need for notice to the insured:
 - a. On the date the insurance of the insured terminates; except that in the event of death of the insured, the insurance of any insured dependent of the insured, including spouse not remarried, shall remain in force as long as the policy remains in force and premium is properly paid by such insured dependent;
 - b. On the date such person ceases to be a dependent of the insured, or marries;
 - c. If a child, on the anniversary date of the policy following the attainment of the age of nineteen years; or
 - d. If a child, on the date such child becomes eligible for group insurance as a student of the University of Illinois.
3. Upon written request for cancellation by the insured, premiums will be refunded computed from the first of the month following the date written

request for cancellation is received by the University of Illinois, Insurance Office.

- 4. Termination of insurance shall be without prejudice to any claim originating prior thereto.

CATASTROPHE PLAN . . . GROUP RATES

	Monthly	Quarterly	Semi-Annual	Annual
Employee only.....	\$2.75	\$ 7.75	\$15.25	\$30.25
Employee and one dependent.....	5.00	14.50	28.75	57.25
Employee and two or more dependents...	5.75	16.75	33.25	66.25

PLEASE NOTE . . .

- 1. You must elect the method of premium payment at the October premium billing date, and may not change it during the policy year.
- 2. New employees must elect the method of premium payment at the time of their applying for coverage.

IF IN DOUBT AS TO AMOUNT, CALL EXT. 2802 AT URBANA.

HOW TO PRESENT CLAIMS . . .

- 1. Upon release from the hospital ask the hospital to prepare the University blue claim report (all Champaign-Urbana hospitals have a supply of these forms) and forward it along with their *itemized* bill to the Staff Insurance Office, 258 Administration, Urbana. (Do not send your bills to the Insurance Company.)

If an out-of-town hospital is involved you may obtain the University blue claim report blank from the Staff Insurance Office to be forwarded to the hospital and completed as indicated above.

- 2. In addition to the above, an *itemized* statement from your attending physician or surgeon is needed. The University blue claim *is not to be* completed by the physician.
- 3. Payments will be made direct to the insured *unless* you properly complete the assignment in detail on the reverse side of the University blue claim report, in which case payment will be made to the hospital and/or physician as you designate on the blue claim report.

HOW TO PARTICIPATE . . .

The following stated stipulations regulating premium payment by the insured employees are under the joint supervision of the Policyholder and the Insurer.

1. *If you are already insured under the current University plan do not complete a new application.* Premium notices and new insurance certificates will be sent automatically to present participants.

2. Employees, other than those indicated in 1. above, who wish to be insured under the plan should complete the orange application attached hereto or available at the Staff Insurance Office, send it with the correct remittance *to the Bursar's Office*, Room 100b Administration Building, Urbana.

3. Coverage for applications and proper remittances received *prior* to October 1, 1955, will become effective on that date. Coverage for applications and proper remittance received *after* that date cannot be accepted until the following annual enrollment date, except that applications by new employees employed after August 1, 1955 will be accepted if received with proper remittance within 60 days of date of employment.

4. *Only one premium notice will be mailed to the insured at each of the applicable billing dates. Failure of the insured to receive any such premium notices shall not be the responsibility of the University Staff Insurance Office. The grace period indicated on the premium notice will be strictly enforced.*

Insureds whose proper remittance is not received by the end of the grace period will be considered as delinquent; such insureds will receive notification thereof soon thereafter and be allowed one month from date of delinquency to make proper remittance and return to good standing, or else be lapsed from coverage, without further notice, for the remainder of the policy year. The period in which a delinquent premium will be received and honored will be strictly enforced, and repeated delinquency of premiums shall be just cause for the University to terminate coverage as to any such insured without right to reinstatement during the remainder of the policy year.

5. ALL REMITTANCES SHOULD BE MADE PAYABLE TO THE "UNIVERSITY OF ILLINOIS."

6. Inquiry about this protection is welcome at the Staff Insurance Office, 258 Administration, Ext. 2802, Urbana.

SCHEDULE OF EXPENSE BENEFITS FOR SURGICAL PROCEDURES

Description of Operation	Maximum Allowance
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1. ABDOMEN AND PELVIC CAVITY

Cutting for diagnosis or treatment of organs therein (unless otherwise specified in this schedule).	\$100.00
Adhesions	100.00
Appendectomy	100.00
Bronchoscopy, one or more.....	35.00
Cholecystectomy	100.00
Cholecystotomy	100.00
Choledochostomy	100.00
Colostomy	75.00
Cystotomy	100.00
Diverticulectomy	100.00
Esophagoscopy	35.00
Gastrectomy	100.00
Gastroscopy	35.00
Gastrotomy	100.00
Herniorrhaphy, Single.....	50.00
Herniorrhaphy, Double.....	75.00
Herniotomy, Single	50.00
Herniotomy, Double.....	75.00
Hernia, Single—injection method (entire course of treatment)....	25.00
Hernia, Double—injection method (entire course of treatment)....	37.50
Laparotomy	100.00
Splenectomy	100.00
Ulcer, Duodenal, Gastric, or Peptic	100.00

2. ABDOMEN—FEMALE SURGERY

Caruncle	15.00
Cervical Polyp.....	25.00
Cervical Stump.....	50.00
Cervix, amputation.....	50.00
Cervix, cauterization.....	15.00
Cervix, conization.....	25.00
Cervix, curettage.....	15.00
Cervix, dilation.....	10.00
Colporrhaphy	25.00
Cystocele	25.00
Dilatation and curettage.....	25.00
Gilliam suspension.....	100.00
Hymenectomy	15.00
Hysterectomy or panhysterectomy.	100.00
Hysterectomy or panhysterectomy, Vaginal approach.....	50.00
Meatus, Fulgeration of.....	5.00
Myomectomy	100.00
Oophorectomy	100.00
Perineorrhaphy	50.00
Salpingectomy	100.00
Salpingoophorectomy	100.00
Panhysteroophorectomy	100.00
Panhysterosalpingectomy	100.00

Description of Operation	Maximum Allowance
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Panhysterosalpingoophorectomy ..	150.00
Rectocele	25.00
Trachelorrhaphy	50.00
Urethrocele	25.00
Uterus—	
Retroversion of suspension, correction by abdominal approach	100.00
By vaginal approach.....	50.00
Vaginal Prolapse.....	100.00

3. AMPUTATION

Entire foot, arm, forearm, or entire hand	50.00
Fingers or toes, each (one entire phalanx)	10.00
Leg (below knee joint).....	50.00
Thigh (above knee joint).....	75.00
Thigh, including entire hip joint..	100.00

4. BREAST

Mastectomy, single.....	75.00
Mastectomy, double.....	100.00

5. CHEST

Bronchoscopy, one or more for foreign object or biopsy.....	35.00
Cutting into thoracic cavity for diagnosis or treatment.....	40.00
Induction of artificial pneumothorax	25.00
Pneumonectomy	150.00
Pneumolysis	40.00
Thoracotomy	40.00
Thoracoplasty (complete) or removal of portion of lung.....	150.00

6. CYSTS

Bakers	20.00
Bartholin	25.00
Branchial	50.00
Dermoid	35.00
Ganglion	10.00
Papillomas	5.00
Pilonidal	50.00
Scalp or skin	10.00
Sebaceous	10.00
Thyroglossal	50.00
Wen	10.00

7. DISLOCATION, reduction of

Ankle, elbow, or shoulder.....	25.00
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Description of Operation	Maximum Allowance
Bones of hand or foot.....	10.00
Collarbone, kneecap or patella....	10.00
Hip or knee.....	35.00
Lower jaw or wrist.....	15.00
Patella or kneecap.....	15.00
Thumb, fingers or toes, one or more	10.00
For dislocations requiring an open operation, maximum reimbursement will be twice the amount shown above.	

8. EAR

Fenestration (one side).....	75.00
Fenestration (both sides).....	100.00
Labyrinthotomy	150.00
Mastoidectomy (one side).....	75.00
Mastoidectomy (both sides).....	100.00
Myringotomy	10.00
Polyps removal	10.00

9. EYE

Cataract needling	35.00
Cataract removal	50.00
Chalazion on eyelid.....	10.00
Corneal ulcer	5.00
Detached retina	50.00
Enucleation or evisceration.....	50.00
Foreign body removal.....	5.00
Glaucoma	50.00
Iridectomy	25.00
Keratotomy	25.00
Lachrymal gland or sac.....	25.00
Pterygium	20.00
Recession internal rectus.....	50.00
Removal of eye.....	50.00
Sclerotomy	25.00
Strabismus, one stage.....	35.00
Strabismus, two or more stages..	50.00
Tarsorrhaphy	15.00

10. FRACTURES

Arm (upper), kneecap (patella), lower leg, (Tibia, fibula), Olecranon, pelvis, tibia and Fibula, spine, thigh (Femur) or vertebra or skull.....	50.00
Arm (lower), collarbone (clavicle), jaw (alveolar process excepted), shoulder blade (scapula)	25.00
Colles fracture, radius or ulna....	25.00
Colles fracture, wrist.....	15.00
Hand, feet, sternum or wrist....	15.00
Nose, coccyx, rib or ribs.....	10.00
Thumb, fingers or toes, one or more	10.00

The amounts shown above are for simple fractures; for compound fractures the maximum amount of reimbursement will be one

Description of Operation	Maximum Allowance
and one-half times the amount shown above for corresponding simple fracture.	
For fractures requiring an open operation, the maximum amount of reimbursement will be twice the amount shown above for the corresponding simple fracture.	

11. GENITO-URINARY

Cystoscopy (one or more).....	15.00
Cystostomy	75.00
Cystotomy	75.00
Epididymectomy	35.00
Hydrocele, excision, or incision and treatment of sac (tapping excepted)	25.00
Kidney, entire removal.....	150.00
Kidney, cutting into for stones, infection or tumor.....	100.00
Nephrectomy	150.00
Nephropexy	100.00
Nephrotomy	100.00
Orchidectomy	35.00
Orchidpexy	35.00
Perineoplasty	50.00
Removal of tumors or stones in bladder, kidney, or ureter by crushing, cauterization or endoscopic means	25.00
Removal of tumors or stones in bladder, kidney, or ureter by open operation	50.00
Removal of entire prostate by open operation (complete)....	150.00
Removal of part of prostate by endoscopic means	40.00
by other cutting operation.....	75.00
Revision bladder neck.....	75.00
Stricture, cystoscopy for dilation to promote passage of urine....	15.00
Stricture of urethra	
open operation.....	50.00
intra-urethral cutting operation.	25.00
Stress urinary incontinence (Kelly ureteral plastic).....	25.00
Transurethral prostatic resection.	40.00
Varicocele, cutting operation on..	25.00
Vasectomy, partial only.....	15.00
Vasectomy (total removal).....	25.00
Vasotomy (an incision only)....	15.00

12. INCISION OR EXCISION FOR REMOVAL

Abscess (alveolar processes excepted)	15.00
Bunions (one or more).....	15.00
Bursa	20.00
Carbuncle	10.00
Colpocoele	25.00
Debridement	25.00
Enterocoele	25.00

Description of Operation	Maximum Allowance
Embolectomy	50.00
Exostosectomy	25.00
Felon	15.00
Foreign body under skin.....	5.00
Ganglion	10.00
Glands, simple	10.00
Granuloma	25.00
Lipoma	25.00
Myomectomy	25.00
Ulcer	10.00
Wen	10.00

13. JOINTS AND BONES

Bone graft	35.00
Cutting into ankle, elbow, hip, knee, shoulder or wrist joints for diagnosis or treatment of structures within the joint (tapping excepted)	40.00
Excision or fixation of ankle, elbow or wrist joints.....	25.00
knee joint	75.00
Hip, sacroiliac or shoulder joints	100.00
Ligaments and tendons cutting operation	25.00
Ligaments and tendons	
grafting of tendons, one or more	50.00
suturing of tendons, single.....	25.00
suturing of tendons, multiple....	40.00
Patellectomy	75.00
Removal of knee cartilage.....	50.00
Removal of diseased portion of bone, including curettage (alveolar process excepted).....	40.00
Removal of spurs	
from finger or heel.....	15.00
from hip	35.00
Removal of portion of vertebra or vertebrae (coccyx processes excepted)	150.00
Removal of part of, or all of coccyx or vertebral process....	50.00
Removal of vertebral disc.....	100.00
Rhinoplasty	100.00

14. NERVES AND NEURO-SURGERY

Anastomosis	75.00
Chordotomy (unilateral or bilateral)	100.00
Cutting into cranial cavity (drill taps excepted)	150.00
Decompression	100.00
Laminectomy	150.00
Phrenectomy	50.00
Repair	25.00
Rhizotomy	100.00
Sympathectomy	100.00

15. NOSE AND THROAT

Adenoidectomy	15.00
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Description of Operation	Maximum Allowance
Antrum puncture	5.00
Antrum window	10.00
Bronchoscopy, one or more (removal foreign body or biopsy) ..	35.00
Caldwell-Luc	35.00
Ethmoidectomy	35.00
Frontal sinus	35.00
Larynx intubation	25.00
Larynx polyp removal.....	15.00
Laryngectomy	100.00
Laryngoscopy diagnostic.....	15.00
Laryngoscopy operative.....	35.00
Ligation thyroid arteries only....	50.00
Ligation thyroid arteries (two stage operation).....	75.00
Lobectomy	100.00
Neoplasma of larynx.....	75.00
Polyp, removal nasal.....	10.00
Polyp, removal (bilateral).....	20.00
Salivary calculus, removal.....	10.00
Salivary gland removal.....	35.00
Sinus wash.....	5.00
Submucous resection.....	35.00
Sinus operation by cutting (puncture of antrum excepted).....	35.00
Tags, tonsil.....	10.00
Thyroidectomy, complete procedure, including removal of all thyroid arteries.....	150.00
Thyroidectomy, partial only.....	100.00
Tongue tie.....	10.00
Tonsillectomy, or tonsillectomy and adenoidectomy.....	25.00
Tracheotomy	35.00
Turbinectomy	15.00
Uvulectomy	10.00

16. OBSTETRICAL

Entire section (covering abortion or miscarriage, including all corrective procedure; caesarean section and delivery; delivery of child or children, including entire accouchment; extrauterine pregnancy, tubal pregnancy or ectopic; all other procedures for illness related to or due to any of the above) see Part V titled "Maternity Expense as Limited Herein."

17. RECTUM

Anal crypts.....	10.00
Anal dilatation.....	10.00
Anaplasty	25.00
Carcinoma	100.00
Fissure	10.00
Fistula	25.00
Hemorrhoids, cutting operation or injection treatment for radical cure (complete procedure)	25.00
Polyp	15.00

Description of Operation	Maximum Allowance
Prolapsed rectum	25.00
Rectocele	25.00
Stricture of anus	25.00

18. TUMORS

Benign	25.00
Bladder	100.00
Brain	150.00
Kidney	100.00
Malignant of face, lip, or skin....	25.00
Malignant, except of face, lip, or skin	100.00

19. VARICOSE VEINS

Cutting operation or injection treatment (complete procedure	
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Description of Operation	Maximum Allowance
on all veins).....	40.00
Incision of thrombosed vein.....	10.00
Saphenous vein ligation	25.00

20. VARIOUS—MISC.

Biopsy, if no other surgery involved	10.00
Paracentesis, tapping	10.00
Radium or x-ray therapy (each treatment)	5.00
Skin grafting, initial.....	25.00
Each additional grafting.....	5.00
Suturing all accidental wounds...	5.00
In the event of cutting operations not specified above, an amount commensurate with similar operations will be paid.	

UNIVERSITY OF ILLINOIS-URBANA



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U. of I. GROUP PLAN
Combining
BASIC and CATASTROPHE
ACCIDENT and SICKNESS
INSURANCE
SEVENTH ANNIVERSARY

Exclusively for
All Employees
— and their families —
of

THE UNIVERSITY OF ILLINOIS

at Champaign-Urbana
1956-1957



THE UNIVERSITY OF ILLINOIS

JAN 1 1957

CHAMPAIGN, ILL.


UNIVERSITY OF ILLINOIS
URBANA, ILLINOIS

Attention!


All University Staff Members

How important is accident and sickness insurance to you?

Could you afford to pay up to \$5,000 in hospital, medical and doctor bills tomorrow? Next week? Next month? Next year?




You say "It can't happen to me!" Maybe not, but on the opposite page are a few typical examples of the many claims paid during the past year under the University of Illinois Health Insurance plan with catastrophe coverage.



The University offers to its employees a group plan of comprehensive accident and sickness insurance fully described in this booklet. This plan is underwritten by the Continental Casualty Company, Chicago, Illinois.

Unless you can afford to gamble on the good health of every member of your family, you would do well to investigate this plan.



If you and your family are not already protected by this plan, enroll now! A brief application form is attached to the back of this booklet.

Sincerely,

Ralph E. Fletcher, Jr.

Ralph E. Fletcher, Jr.
Supervisor of Insurance

Il 6 u Dsp
1956/57

TYPICAL HOSPITALIZATION CLAIMS PAID 1955-56

1. 96 day confinement, heart case
Hospital and doctor charges \$1,945.50
Amount paid by insurance 1,481.80
2. 23 day confinement, polio case
Hospital and surgical charges 1,736.50
Amount paid by insurance 1,292.20
3. 41 day confinement, hip repair case
Hospital and surgical charges 1,437.25
Amount paid by insurance 1,067.80
4. 50 day confinement, medical case
Hospital and doctor charges 1,411.80
Amount paid by insurance 1,054.84
5. 7 day confinement, appendectomy
Hospital and surgical charges 358.25
Amount paid by insurance 270.00
6. 12 day confinement, upper respiratory infection
Hospital and doctor charges 246.00
Amount paid by insurance 210.00
7. 19 day confinement, pharyngitis and bronchitis
Hospital and doctor charges 318.90
Amount paid by insurance 280.90
8. 8 day confinement, gallbladder removal
Hospital and surgical charges 434.65
Amount paid by insurance 291.72

Over a ten-month period beginning October 1, 1955, total claim payments under the University Staff Insurance Program exceeded \$100,000.

WHO IS ELIGIBLE ?

1. All full-time and active part-time Employees of the University of Illinois at Champaign-Urbana, the staff of Allied Surveys and Laboratories on the Champaign-Urbana Campus, and the Athletic Association Staff at Champaign-Urbana may participate in the plan regardless of age, physical condition, or occupation.

2. Present employees, except those indicated under point 3 below, may enroll **ONLY** at the annual enrollment date of October 1, provided application for their coverage with proper remittance is **RECEIVED PRIOR** to that date. Enrollment will not be permitted during the policy year **EXCEPT** for new employees as outlined under point 3 below.

3. Employees become eligible for this insurance at the effective date of their employment and may be insured on the first of the month following the date application with proper remittance is **RECEIVED WITHIN 60** days following the date of employment. New employees whose application and remittance are not received by the University within the above stated 60-day period will not be accepted for enrollment until the subsequent annual enrollment date of October 1.

THE APPLICATION

on the Inside Back Cover

is for the use of

ONLY

Those Employees Who Are Not As Yet

Insured Under This

U. of I. GROUP PLAN

4. Such employees enumerated above may continue to participate should they take University approved disability leave, sick leave, or sabbatical leave. Employees terminating employment with the University may continue to participate throughout the current policy year; then they may contact the Company direct regarding individual coverage.

5. Employees entering retirement during the 1956-57 policy year are eligible to continue participating if they have participated continuously from October 1, 1955. Those entering retirement subsequent to the 1956-57 policy year must have been participants for at least 5 consecutive years immediately prior to the effective date of retirement, except those retiring before October 1, 1960 may have coverage after retirement provided they have participated CONTINUOUSLY (without any lapse in coverage) since October 1, 1955.

Employees who retired prior to October 1, 1956 are eligible to continue participating so long as they make premium payments when due.

Any retired person who allows coverage under this Group Plan to lapse at any time for any reason may not be reinstated.

6. Spouses of employees, not divorced or separated, and unmarried, dependent children (your own and those of your spouse for whom sole support is contributed by the insured employee) over 30 days and under nineteen years of age, who are not otherwise eligible for the Student Group Plan of the University, represent dependents eligible for coverage.

Such eligible dependents may be insured on the date your insurance becomes effective providing application for their coverage with proper remittance is RECEIVED PRIOR to that date, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED. However, new dependents may be added within 60 days of attaining insurable status provided application for their coverage with proper remittance is RECEIVED PRIOR to the end of that time, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED.

7. Spouses not remarried and/or other eligible dependents as indicated above of deceased employees (active or retired) are eligible to continue participation.

8. Medical examination for enrollment is not required; however, you and your eligible dependents will not be covered for the first twelve months, for any injury or disease which had its inception BEFORE the effective date of coverage as to the insured person in the University Faculty-Staff Insurance Plan, except that the above twelve month requirement is waived for new employees taking coverage within 60 days of employment.

DESCRIPTION OF BENEFITS

The following HOSPITAL-MEDICAL-SURGICAL expense reimbursement benefits are available to you and your eligible dependents against loss resulting directly and independently of all other causes from accidental bodily injuries sustained while the policy is in force as to the Insured or Insured Dependents and causing loss commencing while the policy is in force as to the Insured or Insured Dependents and against loss resulting from disease causing loss commencing while the policy is in force as to the Insured or Insured Dependents, provided, however, insurance under the policy shall not apply to any loss for disease contracted or commencing prior to the effective date of coverage as to the Insured or Insured Dependents of the Insured, unless the Insured or Insured Dependent has been covered for a period of 12 months immediately prior to the date the Insured or Insured Dependent becomes hospital confined, except coverage shall be applicable for any period of hospital confinement commencing while the policy is in force as to employees becoming eligible after the effective date of the policy and who apply for coverage within 60 days after the date of employment, subject to the provisions, conditions and limitations as outlined herein.

PART I HOSPITAL RESIDENCE EXPENSE

If, on account of such injuries or disease, the insured or insured dependents of the insured shall on the advice of a legally qualified physician or surgeon require residence as an in-patient in any legally operated hospital for a continuous period of at least twelve hours, the company will pay the expense actually incurred each day for hospital room and board not to exceed \$10.00 per day for such hospital residence but in no event will the company's payments exceed \$210.00 for any one period of hospital confinement of the insured or insured dependent of the insured.

PART II MISCELLANEOUS HOSPITAL EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured or insured dependents of the insured shall incur expense for laboratory tests, anesthetics and administration thereof, use of operating room, medicine, drugs, dressings, blood transfusions and the administration thereof, X-rays, and ambulance expense to and from hospital (limit \$10.00 per confinement), the company will pay the actual expense thereof not to exceed in the aggregate \$100.00 for any one period of hospital confinement of the insured or insured dependent of the insured.

PART III

PHYSICIAN'S EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured or insured dependents of the insured shall require treatment by a legally qualified physician, the company will pay the expense actually incurred each calendar day not to exceed \$3.00 per day but in no event will the company's payments exceed \$63.00 for any one period of hospital confinement of the insured or insured dependent of the insured. (Physician's expense excluded if a surgical operation expense is payable.)

PART IV

SURGICAL OPERATION EXPENSE

If, on account of such disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured or insured dependents of the insured shall require surgical treatment, the company will pay the actual expense thereof not to exceed the maximum amount as specified in the Schedule of Expense Benefits for Surgical Procedures on pages 11-14.

If, on account of such injuries and during the period the policy is in force as to the Insured or Insured Dependents of the Insured or while in residence as an in-patient in any legally operated hospital as provided in Part I, the Insured or Insured Dependents of the Insured shall require surgical treatment, the Company will pay the actual expense thereof not to exceed the maximum amount specified in the Schedule of Expense Benefits for Surgical Procedures on pages 11-14.

If two or more surgical procedures are performed at any one time or at successive times for the same or related disabilities (where there has not been complete recovery from the disability), the total amount payable shall not exceed the maximum surgical allowance of \$150.00.

If two or more surgical procedures are performed during the course of a single operation involving only one incision, an expense will be payable only for that one procedure for which the largest amount is payable.

PART V MATERNITY EXPENSE AS LIMITED HEREIN

No maternity benefits shall be payable under the new policy until it has been in force as to the person whose pregnancy is the basis of claim for at least thirty days prior to the inception of such pregnancy. If the insured or insured dependent whose pregnancy is the basis of claim has been previously insured under University policy No. SRD-128087, that this policy replaces, and maternity benefits would have been payable under such policy had it not terminated, the effective date of such maternity coverage shall be the effective date of the maternity coverage under the former policy.

Subject thereto, if the insured or insured dependents of the insured are hospitalized as provided in Part I as a result of pregnancy, childbirth, abortion, miscarriage, or any illness related to any of these, and the policy is then in force as to the insured or insured dependents, the maximum allowance for the combined Hospital-Medical-Surgical expense shall not exceed \$85.00 for delivery of child or children or any illness related thereto; \$170.00 for Cesarean section including delivery or abdominal incision for extra-uterine or tubal pregnancy or any illness related thereto; \$42.50 for abortion or miscarriage or any illness related thereto.

PART VI MISCELLANEOUS OUTPATIENT EXPENSE-ACCIDENT

When by reason of accidental bodily injuries for which no expense is payable under any other provision of the policy the insured or insured dependents of the insured shall be necessarily treated in a hospital, clinic, or doctor's office within 24 hours after the occurrence of such injuries and during the period the policy is in force as to the insured or insured dependents of the insured, the company will pay the expenses actually incurred therefor, in that 24-hour period, of the type outlined in Part II hereof, including physician's expenses, not to exceed in the aggregate \$25.00 as the result of any one accident. If within 30 days after the date of such injuries, the insured or insured dependent of the insured shall be necessarily confined within a hospital by reason of the same injuries, any amount paid hereunder shall be credited against the total amount payable under Part II.

PART VII CATASTROPHE EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured or insured dependents of the insured shall incur expenses of the type stipulated in Parts I, II, III, and IV hereof and which total expense is in excess of one and one-half times the aggregate amount of the claim to be paid under those Parts, the Company will pay 80% of such excess amount not to exceed in the aggregate \$5,000.00 for any one claim as to any one insured or insured dependent of the insured. (Maternity Expense, Part V, and the Miscellaneous Out-Patient Expense, Part VI, are to be excluded from this Part.)

PART VIII EXCLUSIONS

The insurance under the policy shall not apply to: (a) such injuries sustained or disease contracted unless hospital residence is required in the treatment thereof, except as provided under Parts IV and VI hereof; (b) refraction or expense of eyeglasses; (c) loss due to dental treatment or dental surgery;

(d) injury or disease for which expense is payable under any Workmen's Compensation or Occupational Disease law or arrangement; (e) loss due to pregnancy, childbirth, abortion, miscarriage, or any illness related to any of these except as stated under Part V; (f) care provided by a health resort or rest home; (g) care provided by a governmental agency without cost to the insured or insured dependents of the insured; or (h) intentionally self-inflicted injuries.

PART IX EFFECTIVE DATE OF INSURANCE

The insurance of the insured and/or insured dependents of the insured shall become effective on the first day of the month of the policy year following the date application therefor and proper remittance are received by the University.

(Subject to the provisions and limitations as outlined under "Who is Eligible" starting on page 2 hereof.)

PART X TERMINATION OF INSURANCE

1. The insurance of the insured and insured dependents of the insured shall cease automatically, without need for notice to the insured:
 - a. At the expiration of the period for which premium has been paid;
 - b. On the date the policy terminates; or
 - c. On the anniversary date of the policy following the date the Insured ceases to be an employee of the University, except for those employees who entered retirement prior to October 1, 1956, such employees are eligible to continue their insurance in force provided they were covered under the University Group Policy for at least twelve consecutive months immediately prior to the effective date of retirement and for those employees entering retirement after October 1, 1956, and prior to October 1, 1960, such employees are eligible to continue their insurance in force provided they were continuously covered under this policy since October 1, 1955, and for those employees entering retirement after October 1, 1960, such employees are eligible to continue their insurance in force provided they were continuously covered under this policy for sixty consecutive months immediately prior to the date of retirement.
2. The insurance as respects an insured dependent of the insured shall cease automatically, without need for notice to the insured:
 - a. On the date the insurance of the insured terminates; except that in the event of death of the insured, the insurance of any insured dependent of the insured, including spouse not remarried, shall remain

in force as long as the policy remains in force and premium is properly paid by such insured dependent;

- b. On the date such person ceases to be a dependent of the insured, or marries;
 - c. If a child, on the anniversary date of the policy following the attainment of the age of nineteen years; or
 - d. If a child, on the date such child becomes eligible for group insurance as a student of the University of Illinois.
3. Upon written request for cancellation by the insured, premiums will be refunded computed from the first of the month following the date written request for cancellation is received by the University of Illinois, Insurance Office.
 4. Termination of insurance shall be without prejudice to any claim originating prior thereto.

COMBINED BASIC AND CATASTROPHE PLAN . . . GROUP RATES

	Monthly (Any Date)	*Quarterly (Oct., Jan., Apr., July)	*Semi- Annual (Oct. & Apr.)	*Annual (Oct.)
Employee only	\$2.75	\$ 7.75	\$15.25	\$30.25
Employee and one dependent.....	5.00	14.50	28.75	57.25
Employee and two or more dependents.....	5.75	16.75	33.25	66.25

* Call 2802 for premium due, if enrolling at date other than specified.

PLEASE NOTE . . .

1. You must elect the method of premium payment at the October premium billing date, and may not change it during the policy year.
2. New employees must elect the method of premium payment at the time of their applying for coverage; if electing to pay either quarterly, semi-annually or annually at other than the dates specified above, call the Insurance Office for premium due.

IF IN DOUBT AS TO AMOUNT, CALL EXT. 2802 AT URBANA.

HOW TO PRESENT CLAIMS . . .

1. Upon release from the hospital ask the hospital to prepare the University blue claim report (all Champaign-Urbana hospitals have a supply of these

forms) and forward it along with their itemized bill to the Staff Insurance Office, 258 Administration, Urbana. (Do not send your bills to the Insurance Company.)

If an out-of-town hospital is involved you may obtain the University blue claim report blank from the Staff Insurance Office to be forwarded to the hospital and completed as indicated above.

2. In addition to the above, an itemized statement from your attending physician or surgeon is needed. The University blue claim is not to be completed by the physician.
3. Payments will be made direct to the insured unless you properly complete the assignment in detail on the reverse side of the University blue claim report, in which case payment will be made to the hospital and/or physician as you designate on the blue claim report. Only the employee's own authentic signature will be honored.

HOW TO PARTICIPATE . . .

The following stated stipulations regulating premium payment by the insured employees are under the joint supervision of the Policyholder and the Insurer.

1. If you are already insured under the current University plan do not complete a new application. Premium notices and new insurance certificates will be sent automatically to present participants.

2. Employees, other than those indicated in 1. above, who wish to be insured under the plan should complete the orange application attached hereto or available at the Staff Insurance Office, send it with the correct remittance to the Bursar's Office, Room 100b, Administration Building, Urbana.

3. Coverage for applications and proper remittances received prior to October 1, 1956, will become effective on that date. Coverage for applications and proper remittance received after that date cannot be accepted until the following annual enrollment date, except that applications by new employees will be accepted if received with proper remittance within 60 days of date of employment.

4. Only one premium notice will be mailed to the insured at each of the applicable billing dates. Failure of the insured to receive any such premium notices shall not be the responsibility of the University Staff Insurance Office. The grace period indicated on the premium notice will be strictly enforced.

Insureds whose proper remittance is not received by the end of the grace period will be considered as delinquent; such insureds will receive notification thereof soon thereafter and be allowed one month from date of delinquency to make proper remittance and return to good standing, or else be lapsed from coverage, without further notice, for the remainder of the policy year. The period in which a delinquent premium will be received and honored will be strictly enforced, and repeated delinquency of premiums shall be just cause for the University to terminate coverage as to any such insured without right to reinstatement during the remainder of the policy year.

5. ALL REMITTANCES SHOULD BE MADE PAYABLE TO THE
"UNIVERSITY OF ILLINOIS."
6. Inquiry about this protection is welcome at the Staff Insurance Office,
258 Administration, Ext. 2802, Urbana.

THE APPLICATION

on the Inside Back Cover

is for the use of

ONLY

Those Employees Who Are Not As Yet

Insured Under This

U. of I. GROUP PLAN

PART IV (page 5) Continued

SCHEDULE OF EXPENSE BENEFITS FOR SURGICAL PROCEDURES

Description of Operation	Maximum Allowance
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1. ABDOMEN AND PELVIC CAVITY

Cutting for diagnosis or treatment of organs therein (unless otherwise specified in this schedule).	\$100.00
Adhesions	100.00
Appendectomy	100.00
Bronchoscopy, one or more.....	35.00
Cholecystectomy	100.00
Cholecystotomy	100.00
Choledochostomy	100.00
Colostomy	75.00
Cystotomy	100.00
Diverticulectomy	100.00
Esophagoscopy	35.00
Gastrectomy	100.00
Gastrosomy	35.00
Gastrotomy	100.00
Herniorrhaphy, Single.....	50.00
Herniorrhaphy, Double.....	75.00
Herniotomy, Single	50.00
Herniotomy, Double.....	75.00
Hernia, Single—injection method (entire course of treatment)....	25.00
Hernia, Double—injection method (entire course of treatment)....	37.50
Laparotomy	100.00
Splenectomy	100.00
Ulcer, Duodenal, Gastric, or Peptic	100.00

2. ABDOMEN—FEMALE SURGERY

Caruncle	15.00
Cervical Polyp.....	25.00
Cervical Stump.....	50.00
Cervix, amputation.....	50.00
Cervix, cauterization.....	15.00
Cervix, conization.....	25.00
Cervix, curettage.....	15.00
Cervix, dilation.....	10.00
Colporrhaphy	25.00
Cystocele	25.00
Dilatation and curettage.....	25.00
Gilliam suspension.....	100.00
Hymenectomy	15.00
Hysterectomy or panhysterectomy.	100.00
Hysterectomy or panhysterectomy, Vaginal approach.....	50.00
Meatus, Fulgeration of.....	5.00
Myomectomy	100.00
Oophorectomy	100.00
Perineorrhaphy	50.00
Salpingectomy	100.00
Salpingoophorectomy	100.00
Panhysteroophorectomy	100.00
Panhysterosalpingectomy	100.00

Description of Operation	Maximum Allowance
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Panhysterosalpingoophorectomy ..	150.00
Rectocele	25.00
Trachelorrhaphy	50.00
Urethrocele	25.00
Uterus—	
Retroversion of suspension, cor- rection by abdominal approach	100.00
By vaginal approach.....	50.00
Vaginal Prolapse.....	100.00

3. AMPUTATION

Entire foot, arm, forearm, or en- tire hand	50.00
Fingers or toes, each (one entire phalanx)	10.00
Leg (below knee joint).....	50.00
Thigh (above knee joint).....	75.00
Thigh, including entire hip joint..	100.00

4. BREAST

Mastectomy, single.....	75.00
Mastectomy, double.....	100.00

5. CHEST

Bronchoscopy, one or more for foreign object or biopsy.....	35.00
Cutting into thoracic cavity for di- agnosis or treatment.....	40.00
Induction of artificial pneumo- thorax	25.00
Pneumonectomy	150.00
Pneumolysis	40.00
Thoracotomy	40.00
Thorocoplasty (complete) or re- moval of portion of lung.....	150.00

6. CYSTS

Bakers	20.00
Bartholin	25.00
Branchial	50.00
Dermoid	35.00
Ganglion	10.00
Papillomas	5.00
Pilonidal	50.00
Scalp or skin	10.00
Sebaceous	10.00
Thyroglossal	50.00
Wen	10.00

7. DISLOCATION, reduction of

Ankle, elbow, or shoulder.....	25.00
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Description of Operation	Maximum Allowance
Bones of hand or foot.....	10.00
Collarbone, kneecap or patella....	10.00
Hip or knee.....	35.00
Lower jaw or wrist.....	15.00
Patella or kneecap.....	15.00
Thumb, fingers or toes, one or more	10.00
For dislocations requiring an open operation, maximum reimbursement will be twice the amount shown above.	

8. EAR

Fenestration (one side).....	75.00
Fenestration (both sides).....	100.00
Labyrinthotomy	150.00
Mastoidectomy (one side).....	75.00
Mastoidectomy (both sides).....	100.00
Myringotomy	10.00
Polyps removal	10.00

9. EYE

Cataract needling	35.00
Cataract removal	50.00
Chalazion on eyelid.....	10.00
Corneal ulcer	5.00
Detached retina	50.00
Enucleation or evisceration.....	50.00
Foreign body removal.....	5.00
Glaucoma	50.00
Iridectomy	25.00
Keratotomy	25.00
Lachrymal gland or sac.....	25.00
Pterygium	20.00
Recession internal rectus.....	50.00
Removal of eye.....	50.00
Sclerotomy	25.00
Strabismus, one stage.....	35.00
Strabismus, two or more stages..	50.00
Tarsorrhaphy	15.00

10. FRACTURES

Arm (upper), kneecap (patella), lower leg, (Tibia, fibula), Olecranon, pelvis, tibia and Fibula, spine, thigh (Femur) or vertebra or skull.....	50.00
Arm (lower), collarbone (clavicle), jaw (alveolar process excepted), shoulder blade (scapula)	25.00
Colles fracture, radius or ulna....	25.00
Colles fracture, wrist.....	15.00
Hand, feet, sternum or wrist....	15.00
Nose, coccyx, rib or ribs.....	10.00
Thumb, fingers or toes, one or more	10.00

The amounts shown above are for simple fractures; for compound fractures the maximum amount of reimbursement will be one

Description of Operation	Maximum Allowance
and one-half times the amount shown above for corresponding simple fracture.	
For fractures requiring an open operation, the maximum amount of reimbursement will be twice the amount shown above for the corresponding simple fracture.	

11. GENITO-URINARY

Cystoscopy (one or more).....	15.00
Cystostomy	75.00
Cystotomy	75.00
Epididymectomy	35.00
Hydrocele, excision, or incision and treatment of sac (tapping excepted)	25.00
Kidney, entire removal.....	150.00
Kidney, cutting into for stones, infection or tumor.....	100.00
Nephrectomy	150.00
Nephropexy	100.00
Nephrotomy	100.00
Orchidectomy	35.00
Orchidpexy	35.00
Perineoplasty	50.00
Removal of tumors or stones in bladder, kidney, or ureter by crushing, cauterization or endoscopic means	25.00
Removal of tumors or stones in bladder, kidney, or ureter by open operation	50.00
Removal of entire prostate by open operation (complete)....	150.00
Removal of part of prostate by endoscopic means	40.00
by other cutting operation.....	75.00
Revision bladder neck.....	75.00
Stricture, cystoscopy for dilation to promote passage of urine....	15.00
Stricture of urethra	
open operation.....	50.00
intra-urethral cutting operation.	25.00
Stress urinary incontinence (Kelly ureteral plastic).....	25.00
Transurethral prostatic resection.	40.00
Varicocele, cutting operation on..	25.00
Vasectomy, partial only.....	15.00
Vasectomy (total removal).....	25.00
Vasotomy (an incision only)....	15.00

12. INCISION OR EXCISION FOR REMOVAL

Abscess (alveolar processes excepted)	15.00
Bunions (one or more).....	15.00
Bursa	20.00
Carbuncle	10.00
Colpocele	25.00
Debridement	25.00
Enterocoele	25.00

Description of Operation	Maximum Allowance
Embolectomy	50.00
Exostosectomy	25.00
Felon	15.00
Foreign body under skin.....	5.00
Ganglion	10.00
Glands, simple	10.00
Granuloma	25.00
Lipoma	25.00
Myomectomy	25.00
Ulcer	10.00
Wen	10.00

13. JOINTS AND BONES

Bone graft	35.00
Cutting into ankle, elbow, hip, knee, shoulder or wrist joints for diagnosis or treatment of structures within the joint (tapping excepted)	40.00
Excision or fixation of ankle, elbow or wrist joints.....	25.00
knee joint	75.00
Hip, sacroiliac or shoulder joints	100.00
Ligaments and tendons cutting operation	25.00
Ligaments and tendons	
grafting of tendons, one or more	50.00
suturing of tendons, single.....	25.00
suturing of tendons, multiple....	40.00
Patellectomy	75.00
Removal of knee cartilage.....	50.00
Removal of diseased portion of bone, including curettage (alveolar process excepted).....	40.00
Removal of spurs	
from finger or heel.....	15.00
from hip	35.00
Removal of portion of vertebra or vertebrae (coccyx processes excepted)	150.00
Removal of part of, or all of coccyx or vertebral process....	50.00
Removal of vertebral disc.....	100.00
Rhinoplasty	100.00

14. NERVES AND NEURO-SURGERY

Anastomosis	75.00
Chordotomy (unilateral or bilateral)	100.00
Cutting into cranial cavity (drill taps excepted)	150.00
Decompression	100.00
Laminectomy	150.00
Phrenectomy	50.00
Repair	25.00
Rhizotomy	100.00
Sympathectomy	100.00

15. NOSE AND THROAT

Adenoidectomy	15.00
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Description of Operation	Maximum Allowance
Antrum puncture	5.00
Antrum window	10.00
Bronchoscopy, one or more (removal foreign body or biopsy) ..	35.00
Caldwell-Luc	35.00
Ethmoidectomy	35.00
Frontal sinus	35.00
Larynx intubation	25.00
Larynx polyp removal.....	15.00
Larynectomy	100.00
Laryngoscopy diagnostic.....	15.00
Laryngoscopy operative.....	35.00
Ligation thyroid arteries only....	50.00
Ligation thyroid arteries (two stage operation)	75.00
Lobectomy	100.00
Neoplasma of larynx.....	75.00
Polyp, removal nasal.....	10.00
Polyp, removal (bilateral).....	20.00
Salivary calculus, removal.....	10.00
Salivary gland removal.....	35.00
Sinus wash.....	5.00
Submucous resection.....	35.00
Sinus operation by cutting (puncture of antrum excepted)	35.00
Tags, tonsil.....	10.00
Thyroidectomy, complete procedure, including removal of all thyroid arteries.....	150.00
Thyroidectomy, partial only.....	100.00
Tongue tie.....	10.00
Tonsillectomy, or tonsillectomy and adenoidectomy.....	25.00
Tracheotomy	35.00
Turbinectomy	15.00
Uvulectomy	10.00

16. OBSTETRICAL

Entire section (covering abortion or miscarriage, including all corrective procedure; caesarean section and delivery; delivery of child or children, including entire accouchment; extrauterine pregnancy, tubal pregnancy or ectopic; all other procedures for illness related to or due to any of the above) see Part V titled "Maternity Expense as Limited Herein."

17. RECTUM

Anal crypts.....	10.00
Anal dilatation.....	10.00
Anaplasty	25.00
Carcinoma	100.00
Fissure	10.00
Fistula	25.00
Hemorrhoids, cutting operation or injection treatment for radical cure (complete procedure)	25.00
Polyp	15.00

FACULTY AND STAFF APPLICATION FOR U. OF I. COMBINED BASIC AND CATASTROPHE, ACCIDENT AND SICKNESS INSURANCE

(For use by those eligible employees who are NOT as yet insured under this Group Plan)

1. Employee _____ Last Name _____ First _____ Middle _____ Sex _____ Age _____
2. Local Home Address _____ Street _____ City _____ State _____ Phone _____
3. University Address _____ Room and Bldg. _____ Dept. _____ Employment Date _____ Phone Ext. _____
4. Are you (and your dependents) to the best of your knowledge and belief now in good health and free from all physical impairment and disease?
(Details of all exceptions must be noted.) _____

5. What immediate members of your family are to be insured? (To be answered only if insurance thereon is applied for)

Spouse _____	Children _____	_____
Name	Name	Name
Birth Date	Birth Date	Birth Date

6. This insurance becomes effective for presently uninsured employees on Oct. 1, 1956, if application and proper remittance are received at the office indicated under 10 below on or before that date, and for new employees on the first of the month following receipt of application and proper remittance if within 60 days of date of employment.

7. PREMIUM RATES (Call 2802 for premium due if enrolling at date other than as specified)
- | | MONTHLY
(Any Date) | QUARTERLY
(Oct., Jan., Apr., July) | SEMI-ANNUAL
(Oct. & Apr.) | ANNUAL
(October) |
|--|-----------------------|---------------------------------------|------------------------------|---------------------|
| Employee Only..... | \$2.75 | \$ 7.75 | \$15.25 | \$30.25 |
| Employee and one dependent..... | 5.00 | 14.50 | 28.75 | 57.25 |
| Employee and two or more dependents..... | 5.75 | 16.75 | 33.25 | 66.25 |

8. I hereby authorize any and all hospitals and the employees thereof, physicians, and/or other persons who attended me and/or examined me, to disclose when requested to do so by the Insurance Company and/or anyone acting in its stead, any and all information with respect to any illness and/or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital and/or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

9. Date signed _____ Signature of Employee _____

10. FORWARD PROPER REMITTANCE, PAYABLE TO: "THE UNIVERSITY OF ILLINOIS," WITH APPLICATION—MAIL TODAY TO:
Bursar's Office, 100b Administration Bldg., Urbana.

CLAIM RECORD

Type of illness

Type of Surgery



SEA-6734-C

COMPLETE IN DETAIL—PRINT CLEARLY OR TYPE

FACULTY AND STAFF APPLICATION FOR U. OF I. COMBINED BASIC AND CATASTROPHE, ACCIDENT AND SICKNESS INSURANCE

(For use by those eligible employees who are NOT as yet insured under this Group Plan)

1. Employee _____ Sex _____ Age _____
Last Name First Middle

2. Local Home Address _____ Phone _____
Street City State

3. University Address _____ Phone Ext. _____
Room and Bldg. Dept. Employment Date

4. Are you (and your dependents) to the best of your knowledge and belief now in good health and free from all physical impairment and disease?
(Details of all exceptions must be noted.) _____

5. What Immediate members of your family are to be insured? (To be answered only if insurance thereon is applied for)

Spouse	Children
Name Birth Date	Name Birth Date

6. This insurance becomes effective for presently uninsured employees on Oct. 1, 1956, if application and proper remittance are received at the office indicated under 10 below on or before that date, and for new employees on the first of the month following receipt of application and proper remittance if within 60 days of date of employment.

7. PREMIUM RATES (Coll 2802 for premium due if enrolling at date other than as specified)	MONTHLY (Any Date)	QUARTERLY (Oct., Jan., Apr., July)	SEMI-ANNUAL (Oct. & Apr.)	ANNUAL (October)
Employee Only.....	\$2.75	\$ 7.75	\$15.25	\$30.25
Employee and one dependent.....	5.00	14.50	28.75	57.25
Employee and two or more dependents.....	5.75	16.75	33.25	66.25

8. I hereby authorize any and all hospitals and the employees thereof, physicians, and/or other persons who attended me and/or examined me, to disclose when requested to do so by the Insurance Company and/or anyone acting in its stead, any and all information with respect to any illness and/or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital and/or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

9. Date signed _____ Signature of Employee _____

10. FORWARD PROPER REMITTANCE, PAYABLE TO: "THE UNIVERSITY OF ILLINOIS," WITH APPLICATION—MAIL TODAY TO:
Bursar's Office, 100b Administration Bldg., Urbana.



C
IE 6w Dsp
1957/58

U. of I. GROUP PLAN
Combining
BASIC and CATASTROPHE
ACCIDENT and SICKNESS
INSURANCE
EIGHTH ANNIVERSARY

Exclusively for
All Employees
— and their families —
of
THE UNIVERSITY OF ILLINOIS

at Champaign-Urbana
1957 - 1958



UNIVERSITY OF ILLINOIS
URBANA, ILLINOIS

Attention!

All University Staff Members

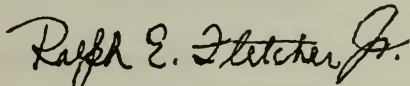
The University is pleased to announce the continuation of its group health insurance program after its eighth successive year of operation.

This voluntary program offers to the employees of the University of Illinois an excellent comprehensive accident and sickness insurance program. The coverage, which will be underwritten by The Bankers Life and Casualty Company, Chicago, Illinois, is fully described in this booklet.

All employees who are not presently covered by the University Group Plan are urged to review the plan carefully and determine for themselves the outstanding insurance value which is made available for their greater protection and security.

For convenience in enrolling, an application is attached to the back of this booklet. Don't delay, complete your application today.

Sincerely,



Ralph E. Fletcher, Jr.
Supervisor of Insurance

WHO IS ELIGIBLE?

1. All full-time and active part-time Employees of the University of Illinois at Champaign-Urbana, the staff of Allied Surveys and Laboratories on the Champaign-Urbana Campus, and the Athletic Association Staff at Champaign-Urbana may participate in the plan regardless of age, physical condition, or occupation.

2. Present employees, except those indicated under point 3 below, may enroll **ONLY** at the annual enrollment date of October 1, provided application for their coverage with proper remittance is **RECEIVED PRIOR** to that date. Enrollment will not be permitted during the policy year **EXCEPT** for new employees as outlined under point 3 below.

3. Employees become eligible for this insurance at the effective date of their employment and may be insured on the first of the month following the date application with proper remittance is **RECEIVED WITHIN 60 days** following the date of employment. New employees whose application and remittance are not received by the University within the above stated 60-day period will not be accepted for enrollment until the subsequent annual enrollment date of October 1.

THE APPLICATION

on the Inside Back Cover

is for the use of

ONLY

Those Employees Who Are Not As Yet

Insured Under This

U. of I. GROUP PLAN

4. Such employees enumerated above may continue to participate should they take University approved leave, disability leave, sick leave, or sabbatical leave. Employees terminating employment with the University may continue to participate throughout the current policy year; then they may contact the Company direct regarding individual coverage.

5. Employees entering retirement during the 1957-58 policy year are eligible to continue participating if they have participated continuously from October 1, 1955. Those entering retirement subsequent to the 1957-58 policy year must have been participants for at least 5 consecutive years immediately prior to the effective date of retirement, except those retiring before October 1, 1960 may have coverage after retirement provided they have participated CONTINUOUSLY (without any lapse in coverage) since October 1, 1955.

Employees who retired prior to October 1, 1957 are eligible to continue participating so long as they make premium payments when due.

Any retired person who allows coverage under this Group Plan to lapse at any time for any reason may not be reinstated.

6. Spouses of employees, not divorced or separated, and unmarried, dependent children (your own and those of your spouse for whom sole support is contributed by the insured employee) under nineteen years of age, represent dependents eligible for coverage.

Such eligible dependents may be insured on the date your insurance becomes effective providing application for their coverage with proper remittance is RECEIVED PRIOR to that date, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED. However, new dependents may be added within 60 days of attaining insurable status provided application for their coverage with proper remittance is RECEIVED PRIOR to the end of that time, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED.

7. Spouses not remarried and/or other eligible dependents as indicated above of deceased employees (active or retired) are eligible to continue participation so long as they make premium payments when due. If they allow coverage to lapse at any time for any reason they may not be reinstated.

8. Medical examination for enrollment is not required; however, you and your eligible dependents will not be covered for the first twelve months, for any injury or disease which had its inception BEFORE the effective date of coverage as to the insured person in the University Faculty-Staff Insurance Plan, except that the above twelve month requirement is waived for new employees taking coverage within 60 days of employment.

9. Neither employees nor their dependents can be participants in both the staff and student insurance programs.

DESCRIPTION OF BENEFITS

The following HOSPITAL-MEDICAL-SURGICAL expense reimbursement benefits are available to you and your eligible dependents against loss resulting directly and independently of all other causes from accidental bodily injuries sustained while the policy is in force as to the Insured or Insured Dependents and causing loss commencing while the policy is in force as to the Insured or Insured Dependents and against loss resulting from disease causing loss commencing while the policy is in force as to the Insured or Insured Dependents, provided, however, insurance under the policy shall not apply to any loss for disease contracted or commencing prior to the effective date of coverage as to the Insured or Insured Dependents of the Insured, unless the Insured or Insured Dependent has been covered for a period of 12 months immediately prior to the date the Insured or Insured Dependent becomes hospital confined, except coverage shall be applicable for any period of hospital confinement commencing while the policy is in force as to employees who apply for coverage within 60 days after the date of employment, subject to the provisions, conditions and limitations as outlined herein.

PART I HOSPITAL RESIDENCE EXPENSE

If, on account of such injuries or disease, the insured or insured dependents of the insured shall on the advice of a legally qualified physician or surgeon require residence as an in-patient in any legally operated hospital for a continuous period of at least twelve hours, the company will pay the expense actually incurred each day for hospital room and board not to exceed \$10.00 per day for such hospital residence but in no event will the company's payments exceed \$210.00 for any one period of hospital confinement of the insured or insured dependent of the insured.

PART II MISCELLANEOUS HOSPITAL EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured or insured dependents of the insured shall incur expense for laboratory tests, anesthetics and administration thereof, use of operating room, medicine, drugs, dressings, blood transfusions and the administration thereof, X-rays, and ambulance expense to and from hospital (limit \$10.00 per confinement), the company will pay the actual expense thereof not to exceed in the aggregate \$100.00 for any one period of hospital confinement of the insured or insured dependent of the insured.

PART III

PHYSICIAN'S EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured or insured dependents of the insured shall require treatment by a legally qualified physician, the company will pay the expense actually incurred each calendar day not to exceed \$3.00 per day but in no event will the company's payments exceed \$63.00 for any one period of hospital confinement of the insured or insured dependent of the insured. (Physician's expense excluded if a surgical operation expense is payable.)

PART IV

SURGICAL OPERATION EXPENSE

If, on account of such injuries or disease and during the period the policy is in force as to the Insured or Insured Dependents of the Insured, the Insured or Insured Dependents of the Insured shall require surgical treatment, the Company will pay the actual expense thereof not to exceed the maximum amount specified in the Schedule of Expense Benefits for Surgical Procedures on pages 11-14.

If two or more surgical procedures are performed at any one time or at successive times for the same or related disabilities (where there has not been complete recovery from the disability), the total amount payable shall not exceed the maximum surgical allowance of \$225.00.

If two or more surgical procedures are performed during the course of a single operation involving only one incision, an expense will be payable only for that one procedure for which the largest amount is payable.

PART V

MATERNITY EXPENSE AS LIMITED HEREIN

No maternity benefits shall be payable under the new policy until it has been in force as to the person whose pregnancy is the basis of claim for at least thirty days prior to the inception of such pregnancy. If the insured or insured dependent whose pregnancy is the basis of claim has been previously and continuously insured under the University policy that this policy replaces, and maternity benefits would have been payable under such policy had it not terminated, the effective date of such maternity coverage shall be the effective date of the maternity coverage under the former policy.

Subject thereto, if the insured or insured dependents of the insured are hospitalized as provided in Part I as a result of pregnancy, childbirth, abortion, miscarriage, or any illness related to any of these, and the policy is then in force as to the insured or insured dependents, the maximum allowance for the combined Hospital-Medical-Surgical expense for mother and child shall not exceed \$85.00 for delivery of child or children or any illness related thereto; \$170.00 for Cesarean section including delivery or abdominal incision for extra-uterine or tubal pregnancy or any illness related thereto; \$42.50 for abortion or miscarriage or any illness related thereto.

PART VI MISCELLANEOUS OUTPATIENT EXPENSE-ACCIDENT

When by reason of accidental bodily injuries for which no expense is payable under any other provision of the policy the insured or insured dependents of the insured shall be necessarily treated in a hospital, clinic, doctor's office, or at home within 7 days after the occurrence of such injuries and during the period the policy is in force as to the insured or insured dependents of the insured, the company will pay the expenses actually incurred therefor, in that 7 day period, of the type outlined in Part II hereof, including physician's expenses, not to exceed in the aggregate \$25.00 as the result of any one accident. If within 30 days after the date of such injuries, the insured or insured dependent of the insured shall be necessarily confined within a hospital by reason of the same injuries, any amount paid hereunder shall be credited against the total amount payable under Part II.

PART VII CATASTROPHE EXPENSE

If, on account of such injuries or disease and while in residence as an inpatient in any legally operated hospital as provided in Part I, the insured or insured dependents of the insured shall incur expenses of the type stipulated in Parts I, II, III, and IV hereof and which total expense is in excess of one and one-half times the aggregate amount of the claim to be paid under those Parts, the Company will pay 80% of such excess amount not to exceed in the aggregate \$5,000.00 for any one claim as to any one insured or insured dependent of the insured. (Maternity Expense, Part V, and the Miscellaneous Out-Patient Expense, Part VI, are to be excluded from this Part.)

PART VIII EXCLUSIONS

The insurance under the policy shall not apply to: (a) such injuries sustained or disease contracted unless hospital residence is required in the treatment thereof, except as provided under Parts IV and VI hereof; (b) refraction or expense of eyeglasses; (c) loss due to dental treatment or dental surgery,

except under Parts I, II and VI hereof; (d) injury or disease for which expense is payable under any Workmen's Compensation or Occupational Disease law or arrangement; (e) loss due to pregnancy, childbirth, abortion, miscarriage, or any illness related to any of these except as stated under Part V; (f) care provided by a health resort or rest home; (g) care provided by a governmental agency without cost to the insured or insured dependents of the insured; or (h) intentionally self-inflicted injuries.

PART IX EFFECTIVE DATE OF INSURANCE

The insurance of the insured and/or insured dependents of the insured shall become effective on the first day of the month of the policy year following the date application therefor and proper remittance are received by the University. (Subject to the provisions and limitations as outlined under "Who is Eligible" starting on page 2 hereof.)

PART X TERMINATION OF INSURANCE

1. The insurance of the insured and insured dependents of the insured shall cease automatically, without need for notice to the insured:
 - a. At the expiration of the period for which premium has been paid;
 - b. On the date the policy terminates; or
 - c. On the anniversary date of the policy following the date the Insured ceases to be an employee of the University, except for those employees who entered retirement prior to October 1, 1956, such employees are eligible to continue their insurance in force provided they were covered under the University Group Policy for at least twelve consecutive months immediately prior to the effective date of retirement and for those employees entering retirement after October 1, 1956, and prior to October 1, 1960, such employees are eligible to continue their insurance in force provided they were continuously covered under the former policy that this policy replaces, and under this policy since October 1, 1955, and for those employees entering retirement after October 1, 1960, such employees are eligible to continue their insurance in force provided they were continuously covered under the former policy that this policy replaces, and under this policy for sixty consecutive months immediately prior to the date of retirement.
2. The insurance as respects an insured dependent of the insured shall cease automatically, without need for notice to the insured:
 - a. On the date the insurance of the insured terminates; except that in the event of death of the insured, the insurance of any insured dependent of the insured, including spouse not remarried, shall remain in force as

long as the policy remains in force and premium is properly paid by such insured dependent;

- b. On the date such person ceases to be a dependent of the insured, or marries;
 - c. If a child, on the anniversary date of the policy following the attainment of the age of nineteen years.
3. Upon written request for cancellation by the insured, premiums will be refunded computed from the first of the month following the date written request for cancellation is received by the University of Illinois, Insurance Office.
 4. Termination of insurance shall be without prejudice to any claim originating prior thereto.

COMBINED BASIC AND CATASTROPHE PLAN . . . GROUP RATES

	* Quarterly (Oct., Jan., Apr., July)	* Semi- Annual (Oct. & Apr.)	* Annual (Oct.)
Employee only	\$ 7.75	\$15.25	\$30.25
Employee and one dependent	14.50	28.75	57.25
Employee and two or more dependents	16.75	33.25	66.25

* Call 2802 for premium due, if enrolling at date other than specified.

PLEASE NOTE . . .

1. You must elect the method of premium payment at the October premium billing date, and may not change it during the policy year.
2. New employees must elect the method of premium payment at the time of their applying for coverage; if electing to pay at other than the dates specified above, call the Insurance Office for premium due.

IF IN DOUBT AS TO AMOUNT, CALL EXT. 2802 AT URBANA.

HOW TO PRESENT CLAIMS . . .

1. Upon release from the hospital ask the hospital to prepare the University blue claim report (all Champaign-Urbana hospitals have a supply of these forms) and forward it along with their itemized bill to the Staff Insurance

Office, 258 Administration, Urbana. (Do not send your bills to the Insurance Company).

If an out-of-town hospital is involved you may obtain the University blue claim report blank from the Staff Insurance Office to be forwarded to the hospital and completed as indicated above.

2. In addition to the above, an itemized statement from your attending physician or surgeon is needed. The University blue claim is not to be completed by the physician, except in cases of outpatient treatment rendered away from a hospital.
3. Payments will be made direct to the insured unless you properly complete the assignment in detail on the reverse side of the University blue claim report, in which case payment will be made to the hospital and/or physician as you designate on the blue claim report. Only the employee's own authentic signature will be honored.

HOW TO PARTICIPATE . . .

The following stipulations regulating premium payment by the insured employees are under the joint supervision of the Policyholder and the Insurer.

1. If you are already insured under the current University plan do not complete a new application. Premium notices and new insurance certificates will be sent automatically to present participants.
2. Employees, other than those indicated in 1. above, who wish to be insured under the plan should complete the orange application attached hereto or available at the Staff Insurance Office and send it with the correct remittance to the Bursar's Office, Room 100b, Administration Building, Urbana.
3. Coverage for applications and proper remittances received prior to October 1, 1957, will become effective on that date. Coverage for applications and proper remittance received after that date cannot be accepted until the following annual enrollment date, except that applications by new employees will be accepted if received with proper remittance within 60 days of date of employment.

4. Only one premium notice will be mailed to the insured at each of the applicable billing dates. Failure of the insured to receive any such premium notices shall not be the responsibility of the University Staff Insurance Office. The grace period indicated on the premium notice will be strictly enforced.

Insureds whose proper remittance is not received by the end of the five day grace period will be considered as delinquent; such insureds will receive notification thereof soon thereafter and be allowed one month from date of delinquency to make proper remittance and return to good standing, or else be lapsed from coverage, without further notice, for the remainder of the policy year. The period in which a delinquent premium will be received and honored will be strictly enforced, and repeated delinquency of premiums shall be just cause for the University to terminate coverage as to any such insured without right to reinstatement during the remainder of the policy year.

5. ALL REMITTANCES SHOULD BE MADE PAYABLE TO THE "UNIVERSITY OF ILLINOIS."
6. Inquiry about this protection is welcome at the Staff Insurance Office, 258 Administration, Ext. 2802, Urbana.

THE APPLICATION

on the Inside Back Cover

is for the use of

ONLY

Those Employees Who Are Not As Yet

Insured Under This

U. of I. GROUP PLAN

SCHEDULE OF EXPENSE BENEFITS FOR SURGICAL PROCEDURES

Description of Operation	Maximum Allowance
1. ABDOMEN AND PELVIC CAVITY	
Cutting for diagnosis or treatment of organs therein (unless otherwise specified in this schedule)	\$150.00
Adhesions	150.00
Appendectomy	150.00
Bronchoscopy, one or more	52.50
Cholecystectomy	150.00
Cholecystotomy	150.00
Choledochostomy	150.00
Colostomy	112.50
Cystotomy	150.00
Diverticulectomy	150.00
Gastrectomy	150.00
Gastroscoy	52.50
Gastrotomy	150.00
Herniorrhaphy, Single	75.00
Herniorrhaphy, Double	112.50
Herniotomy, Single	75.00
Herniotomy, Double	112.50
Hernia, Single—incision method (entire course of treatment)	37.50
Hernia, Double—incision method (entire course of treatment)	56.25
Laparotomy	150.00
Splenectomy	150.00
Ulcer, Duodenal, Gastric or Peptic	150.00

2. ABDOMEN — FEMALE SURGERY

Caruncle	22.50
Cervical Polyp	37.50
Cervical Stump	75.00
Cervix, amputation	75.00
Cervix, cauterization	22.50
Cervix, conization	37.50
Cervix, curettage	22.50
Cervix, dilation	15.00
Colporrhaphy	37.50
Cystocele	37.50
Dilatation and curettage	37.50
Gilliam Suspension	150.00
Hymenectomy	22.50
Hysterectomy or panhysterectomy	150.00
Hysterectomy or panhysterectomy Vaginal approach	75.00
Meatus, Fulgeration of	7.50
Myomectomy	150.00
Oophorectomy	150.00
Perineorrhaphy	75.00
Salpingectomy	150.00
Salpingo-oophorectomy	150.00
Panhysteroophorectomy	150.00
Panhysterosalpingectomy	150.00

Description of Operation	Maximum Allowance
Panhysterosalpingo-oophorectomy	225.00
Rectocele	37.50
Trachelorrhaphy	75.00
Urethrocele	37.50
Uterus —	
Retroversion or suspension, correction by abdominal approach	150.00
By vaginal approach	75.00
Vaginal Prolapse	150.00

3. AMPUTATION

Entire foot, arm, forearm, or entire hand	75.00
Fingers or toes, each (One entire phalanx)	15.00
Leg (below knee joint)	75.00
Thigh (above knee joint)	112.50
Thigh, including entire hip joint	150.00

4. BREAST

Mastectomy, single	112.50
Mastectomy, double	150.00

5. CHEST

Bronchoscopy, one or more for foreign object or biopsy	52.50
Cutting into thoracic cavity for diagnosis or treatment	60.00
Induction of artificial pneumothorax	37.50
Lobectomy	150.00
Pneumonectomy	225.00
Pneumolysis	60.00
Thoracotomy	60.00
Thorocoplasty (complete) or removal of portion of lung	225.00

6. CYSTS

Bakers	30.00
Bartholin	37.50
Branchial	75.00
Dermoid	52.50
Ganglion	15.00
Papillomas	7.50
Pilonidal	75.00
Scalp or skin	15.00
Sebaceous	15.00
Thyroglossal	75.00
Wen	15.00

Description of Operation	Maximum Allowance
7. DISLOCATION, reduction of	
Ankle, elbow, or shoulder	37.50
Bones of hand or foot	15.00
Collarbone	15.00
Hip or knee	52.50
Lower jaw or wrist	22.50
Patella or kneecap	22.50
Thumb, fingers or toes, one or more	15.00
For dislocations requiring an open operation, maximum reim- bursement will be twice the amount shown above.	

8. EAR

Fenestration (one side)	112.50
Fenestration (both sides)	150.00
Labyrinthotomy	225.00
Mastoidectomy (one side)	112.50
Mastoidectomy (both sides)	150.00
Myringotomy	15.00
Polyps, Removal	15.00

9. EYE

Cataract needling	52.50
Cataract removal	75.00
Chalazion on eyelid	15.00
Corneal ulcer	7.50
Detached retina	75.00
Enucleation or evisceration	75.00
Foreign body removal	7.50
Glaucoma	75.00
Iridectomy	37.50
Keratotomy	37.50
Lachrymal gland or sac	37.50
Pterygium	30.00
Removal of eye	75.00
Sclerotomy	37.50
Strabismus, one stage	52.50
Strabismus, two or more stages	75.00
Tarsorrhaphy	22.50

10. FRACTURES

Arm (upper), kneecap (patella), lower leg, (tibia, fibula), olecranon, pelvis, tibia and fibula, spine, thigh (femur) or vertebra or skull	75.00
Arm (lower), collarbone (clavicle), jaw (alveolar process excepted), shoulder blade (scapula)	37.50
Colles fracture, radius or ulna	37.50
Colles fracture, wrist	22.50
Hand, feet, sternum or wrist	22.50
Nose, coccyx, rib or ribs	15.00
Thumb, fingers or toes, one or more	15.00

The amounts shown above are for

simple fractures; for compound fractures the maximum amount of reimbursement will be one and one-half times the amount shown above for the corresponding simple fracture.

For fractures requiring an open operation, the maximum amount of reimbursement will be twice the amount shown above for the corresponding simple fracture.

11. GENITO-URINARY

Cystoscopy (one or more)	22.50
Cystostomy	112.50
Cystotomy	112.50
Epididymectomy	52.50
Hydrocele, excision, or incision and treatment of sac (tapping excepted)	37.50
Kidney, entire removal	225.00
Kidney, cutting into for stones, infection or tumor	150.00
Nephrectomy	225.00
Nephropexy	150.00
Nephrotomy	150.00
Orchidectomy	52.50
Orchidopexy	52.50
Perineoplasty	75.00
Removal of tumors or stones in bladder, kidney or ureter by crushing, cauterization or endo- scopic means	37.50
Removal of tumors or stones in bladder, kidney, or ureter by open operation	75.00
Removal of entire prostate by open operation (complete) ..	225.00
Removal of part of prostate by endoscopic means	60.00
by other cutting operation	112.50
Revision bladder neck	112.50
Stricture, cystoscopy for dilation to promote passage of urine	22.50
Stricture of urethra open operation	75.00
Intra-urethral cutting operation	37.50
Stress urinary incontinence (Kelly ureteral plastic)	37.50
Transurethral prostatic resection	60.00
Varicoccele, cutting operation on	37.50
Vasectomy, partial only	22.50
Vasectomy (total removal)	37.50
Vasotomy (an incision only)	22.50

12. INCISION OR EXCISION FOR REMOVAL

Abscess (alveolar processes excepted)	22.50
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Description of Operation	Allowance Maximum
Anal dilatation	15.00
Anaplasty	32.50
Carcinoma	150.00
Fissure	15.00
Fistula	37.50
Hemorrhoids, cutting operation or injection treatment for radical cure (complete procedure)	37.50
Polyp	22.50
Prolapsed rectum	37.50
Rectocele	37.50
Stricture of Anus	37.50

18. TUMORS

Benign	\$ 37.50
Bladder	150.00
Brain	225.00
Kidney	150.00
Malignant of face, lip or skin	37.50

Description of Operation	Maximum Allowance
Malignant, except of face, lip or skin	150.00

19. VARICOSE VEINS

Cutting operation or injection treatment (complete procedure on all veins)	60.00
Incision of thrombosed vein	15.00
Saphenous vein ligation	37.50

20. VARIOUS-MISCELLANEOUS

Biopsy, if no other surgery involved	15.00
Paracentesis, tapping	15.00
Radium or X-ray therapy (each treatment)	7.50
Skin grafting, initial	37.50
each additional grafting	7.50
Suturing all accidental wounds	7.50

In the event of cutting operations not specified above, an amount commensurate with similar operations will be paid.

UNIVERSITY OF ILLINOIS HEALTH INSURANCE PROGRAM WITH CATASTROPHE COVERAGE,
INSURED WITH BANKERS LIFE AND CASUALTY COMPANY

PRESENT PARTICIPANTS:

1. If you are presently participating you need not make a new application. Your coverage will be continued by merely paying your October 1, 1957 premium.
2. See the premium schedule on Page 8 of the booklet. If you wish to change your method of payment please notify the Staff Insurance Office either now or at the time your October billing is received.
3. Please note the provisions for collection of premium on Page 10, Item 4.

NEW APPLICANTS:

1. If you were employed prior to August 1, 1957 and are not presently participating, you must make proper application as outlined on Page 9 of the booklet prior to October 1, 1957 in order to be eligible for coverage in the policy year 1957-58. Applications made after October 1, 1957 will not be accepted until October 1, 1958.
2. If you were employed after August 1, 1957 you have 60 days after employment in which to make application and be admitted to the plan, otherwise your application will not be accepted until October 1, 1958. See Page 9 of the booklet.

UNIVERSITY OF ILLINOIS HEALTH INSURANCE PROGRAM WITH CATASTROPHE COVERAGE.
INSURED WITH BANKERS LIFE AND CASUALTY COMPANY

PRESENT PARTICIPANTS:

1. If you are presently participating you need not make a new application. Your coverage will be continued by merely paying your October 1, 1957 premium.
2. See the premium schedule on Page 8 of the booklet. If you wish to change your method of payment please notify the Staff Insurance Office either now or at the time your October billing is received.
3. Please note the provisions for collection of premium on Page 10, Item 4.

NEW APPLICANTS:

1. If you were employed prior to August 1, 1957 and are not presently participating, you must make proper application as outlined on Page 9 of the booklet prior to October 1, 1957 in order to be eligible for coverage in the policy year 1957-58. Applications made after October 1, 1957 will not be accepted until October 1, 1958.
2. If you were employed after August 1, 1957 you have 60 days after employment in which to make application and be admitted to the plan, otherwise your application will not be accepted until October 1, 1958. See Page 9 of the booklet.
3. For your convenience in enrolling an application is provided at the back of the booklet.

EMPLOYEES RETIRING BEFORE OCTOBER 1960:

1. Employees retiring between October 1, 1957 and October 1, 1960 must have had continuous coverage from October 1, 1955 to be eligible to continue coverage after retirement.
2. Employees retiring after October 1, 1960 must have had coverage for 60 consecutive months immediately prior to retirement in order to continue coverage after retirement.
3. Employees who retired prior to October 1, 1957 are eligible to continue participating so long as they make premium payments when due.
4. See Page 3, Item 5 and Page 7 of the booklet for complete information on retiring employees.

FOR ADDITIONAL INFORMATION CONTACT THE STAFF INSURANCE OFFICE, 258 ADMIN.
(W) OR CALL EXTENSION 2802.

FACULTY AND STAFF APPLICATION FOR U. OF I. COMBINED BASIC AND CATASTROPHE, ACCIDENT AND SICKNESS INSURANCE

(For use by those eligible employees who are NOT as yet insured under this Group Plan)

1. Employee _____ Last Name _____ First _____ Middle _____ Sex _____ Age _____

2. Local Home Address _____ Street _____ City _____ State _____ Phone _____

3. University Address _____ Room and Bldg. _____ Dept. _____ Employment Date _____ Phone Ext. _____

4. Are you (and your dependents) to the best of your knowledge and belief now in good health and free from all physical impairment and disease?
(Details of all exceptions must be noted.) _____

5. What immediate members of your family are to be insured? (To be answered only if insurance thereon is applied for)

Spouse		Children	
Name	Birth Date	Name	Birth Date

6. This insurance becomes effective for presently uninsured employees on October 1, 1957, if application and proper remittance are received at the office indicated under 10 below on or before that date, and for new employees on the first of the month following receipt of application and proper remittance if within 60 days of date of employment.

7. PREMIUM RATES (Coll 2802 for premium due if enrolling at date other than as specified)

	QUARTERLY (Oct., Jan., Apr., July)	SEMI-ANNUAL (Oct. & Apr.)	ANNUAL (October)
Employee Only.....	\$ 7.75	\$15.25	\$30.25
Employee and one dependent.....	14.50	28.75	57.25
Employee and two or more dependents.....	16.75	33.25	66.25

8. I hereby authorize any and all hospitals and the employees thereof, physicians, and/or other persons who attended me and/or examined me, to disclose when requested to do so by the Insurance Company and/or anyone acting in its stead, any and all information with respect to any illness and/or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital and/or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

9. Date signed _____ Signature of Employee _____

10. FORWARD PROPER REMITTANCE, PAYABLE TO: "THE UNIVERSITY OF ILLINOIS," WITH APPLICATION—MAIL TODAY TO:
Bursar's Office, 100b Administration Bldg., Urbana.

For office use only.

CLAIM RECORD

Type of Surgery	Percentage
Hip Replacement	35%
Knee Replacement	28%
Spine Surgery	15%
Joint Replacement	12%
Arthroscopy	8%
Bariatric Surgery	5%
Transcatheter Aortic Valve Replacement (TAVR)	3%
Minimally Invasive Laparoscopic Surgery	2%
Robotic-Assisted Surgery	1%
Open Abdominal Surgery	1%



UNDERWRITTEN BY THE
GROUP DIVISION

BANKERS LIFE and CASUALTY COMPANY
CHICAGO 30, ILL.

COMPLETE IN DETAIL — PRINT CLEARLY OR TYPE

FACULTY AND STAFF APPLICATION FOR U. OF I. COMBINED BASIC AND CATASTROPHE, ACCIDENT AND SICKNESS INSURANCE

(For use by those eligible employees who are NOT as yet insured under this Group Plan)

- Employee _____
Last Name First Middle Sex Age
- Local Home Address _____
Street City State Phone
- University Address _____
Room and Bldg. Dept. Employment Date Phone Ext.
- Are you (and your dependents) to the best of your knowledge and belief now in good health and free from all physical impairment and disease?
(Details of all exceptions must be noted.) _____

- What immediate members of your family are to be insured? (To be answered only if insurance thereon is applied for)

Spouse _____ Name Birth Date	Children _____ Name Birth Date	_____ Name Birth Date	_____ Name Birth Date
_____	_____	_____	_____

- This insurance becomes effective for presently uninsured employees on October 1, 1957, if application and proper remittance are received at the office indicated under 10 below on or before that date, and for new employees on the first of the month following receipt of application and proper remittance if within 60 days of date of employment.

- PREMIUM RATES (Call 2802 for premium due if enrolling at date other than as specified)

	QUARTERLY (Oct., Jan., Apr., July)	SEMI-ANNUAL (Oct. & Apr.)	ANNUAL (October)
Employee Only.....	\$ 7.75	\$15.25	\$30.25
Employee and one dependent.....	14.50	28.75	57.25
Employee and two or more dependents.....	16.75	33.25	66.25

- I hereby authorize any and all hospitals and the employees thereof, physicians, and/or other persons who attended me and/or examined me, to disclose when requested to do so by the Insurance Company and/or anyone acting in its stead, any and all information with respect to any illness and/or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital and/or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.
- Date signed _____ Signature of Employee _____
- FORWARD PROPER REMITTANCE, PAYABLE TO: "THE UNIVERSITY OF ILLINOIS," WITH APPLICATION—MAIL TODAY TO:
Bursar's Office, 100b Administration Bldg., Urbana.



UNDERWRITTEN BY THE
GROUP DIVISION
BANKERS LIFE and CASUALTY COMPANY
CHICAGO 30, ILL.

U. of I. GROUP PLAN
Combining
BASIC and CATASTROPHE
ACCIDENT and SICKNESS
INSURANCE
NINTH ANNIVERSARY

Exclusively for
All Employees
— and their families —
of

THE UNIVERSITY OF ILLINOIS

at Champaign-Urbana

1958 - 1959



UNIVERSITY OF ILLINOIS

URBANA, ILLINOIS

Attention!

All University Staff Members

Realizing the great importance of accident and health insurance and the protection a group plan can afford to its employees, the University has for nine years offered a plan to all members of the faculty and staff.

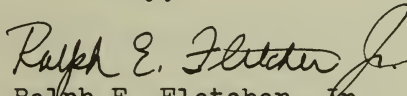
In these times of rising costs, we are particularly pleased to be able to offer the plan for 1958-59 at the same premium rates that have been in effect for the past three years.

This voluntary program, available to employees and their families, offers outstanding insurance protection for claims both large and small. A dollar invested in this plan is one well spent for your family's protection and security.

Those of you not already participating, should carefully review the benefits available under the University of Illinois plan. The coverage, which will be underwritten by The Bankers Life and Casualty Company, Chicago, Illinois, is fully described in this booklet.

Remember, the time to think about accident and health insurance is before you need it, not afterwards. For your convenience in enrolling, an application is attached to the back of this booklet.

Sincerely,


Ralph E. Fletcher, Jr.
Supervisor of Insurance

WHO IS ELIGIBLE?

1. All full-time and active part-time Employees of the University of Illinois at Champaign-Urbana, the staff of Allied Surveys and Laboratories on the Champaign-Urbana Campus, and the Athletic Association Staff at Champaign-Urbana may participate in the plan regardless of age, physical condition, or occupation.

2. Present employees, except those indicated under point 3 below, may enroll **ONLY** at the annual enrollment date of October 1, provided application for their coverage with proper remittance is **RECEIVED PRIOR** to that date. Enrollment will not be permitted during the policy year **EXCEPT** for new employees as outlined under point 3 below.

3. Employees become eligible for this insurance at the effective date of their employment and may be insured on the first of the month following the date application with proper remittance is **RECEIVED WITHIN** 60 days following the date of employment. New employees whose application and remittance are not received by the University within the above stated 60-day period will not be accepted for enrollment until the subsequent annual enrollment date of October 1.

THE APPLICATION

on the Inside Back Cover

is for the use of

ONLY

Those Employees Who Are Not As Yet

Insured Under This

U. of I. GROUP PLAN

4. Such employees enumerated above may continue to participate should they take University approved leave, disability leave, sick leave, or sabbatical leave. Employees terminating employment with the University may continue to participate throughout the current policy year; then they may contact the Company direct regarding individual coverage.

5. Employees entering retirement during the 1958-59 policy year are eligible to continue participating if they have participated continuously from October 1, 1955. Those entering retirement subsequent to the 1958-59 policy year must have been participants for at least 5 consecutive years immediately prior to the effective date of retirement, except those retiring before October 1, 1960 may have coverage after retirement provided they have participated CONTINUOUSLY (without any lapse in coverage) since October 1, 1955.

Employees who retired prior to October 1, 1958 are eligible to continue participating so long as they make premium payments when due.

Any retired person who allows coverage under this Group Plan to lapse at any time for any reason shall not be eligible for reinstatement.

6. Spouses of employees, not divorced or legally separated, and unmarried, dependent children (your own and those of your spouse for whom sole support is contributed by the insured employee) under nineteen years of age, represent dependents eligible for coverage.

Such eligible dependents may be insured on the date your insurance becomes effective providing application for their coverage with proper remittance is RECEIVED PRIOR to that date, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED.

New dependents may be added on the date application is made within 60 days of attaining insurable status, provided application for their coverage with proper remittance is RECEIVED PRIOR to the end of that time, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED.

7. Spouses not remarried and/or other eligible dependents as indicated above of deceased employees (active or retired) are eligible to continue participation so long as they make premium payments when due. If they allow coverage to lapse at any time for any reason they shall not be eligible for reinstatement.

8. Medical examination for enrollment is not required; however, you and your eligible dependents will not be covered for the first twelve months, for any injury or disease which had its inception BEFORE the effective date of coverage as to the insured person in the University Faculty-Staff Insurance Plan, except that the above twelve month requirement is waived for new employees taking coverage within 60 days of employment.

9. Neither employees nor their dependents can be participants in both the staff and student insurance programs.

DESCRIPTION OF BENEFITS

The following HOSPITAL-MEDICAL-SURGICAL expense reimbursement benefits are available to you and your eligible dependents against loss resulting directly and independently of all other causes from accidental bodily injuries sustained while the policy is in force as to the Insured or Insured Dependents and causing loss commencing while the policy is in force as to the Insured or Insured Dependents and against loss resulting from disease causing loss commencing while the policy is in force as to the Insured or Insured Dependents, provided, however, insurance under the policy shall not apply to any loss for disease contracted or commencing prior to the effective date of coverage as to the Insured or Insured Dependents of the Insured, unless the Insured or Insured Dependent has been covered for a period of 12 months immediately prior to the date the Insured or Insured Dependent becomes hospital confined, except coverage shall be applicable for any period of hospital confinement commencing while the policy is in force as to employees who apply for coverage within 60 days after the date of employment, subject to the provisions, conditions and limitations as outlined herein.

PART I HOSPITAL RESIDENCE EXPENSE

If, on account of such injuries or disease, the insured or insured dependents of the insured shall on the advice of a legally qualified physician or surgeon require residence as an in-patient in any legally operated hospital for a continuous period of at least twelve hours, the company will pay the expense actually incurred each day for hospital room and board not to exceed \$10.00 per day for such hospital residence but in no event will the company's payments exceed \$210.00 for any one period of hospital confinement of the insured or insured dependent of the insured.

PART II MISCELLANEOUS HOSPITAL EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured or insured dependents of the insured shall incur expense for laboratory tests, anesthetics and administration thereof, use of operating room, medicine, drugs, dressings, X-rays, and ambulance expense to and from hospital (limit \$10.00 per confinement), the company will pay the actual expense thereof not to exceed in the aggregate \$100.00 for any one period of hospital confinement of the insured or insured dependent of the insured.

PART III

PHYSICIAN'S EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured or insured dependents of the insured shall require treatment by a legally qualified physician, the company will pay the expense actually incurred each calendar day not to exceed \$3.00 per day but in no event will the company's payments exceed \$63.00 for any one period of hospital confinement of the insured or insured dependent of the insured. (Physician's expense excluded if a surgical operation expense is payable.)

PART IV

SURGICAL OPERATION EXPENSE

If, on account of such injuries or disease and during the period the policy is in force as to the Insured or Insured Dependents of the Insured, the Insured or Insured Dependents of the Insured shall require surgical treatment, the Company will pay the actual expense thereof not to exceed the maximum amount specified in the Schedule of Expense Benefits for Surgical Procedures on pages 11-14.

If two or more surgical procedures are performed at any one time or at successive times for the same or related disabilities (where there has not been complete recovery from the disability), the total amount payable shall not exceed the maximum surgical allowance of \$225.00.

If two or more surgical procedures are performed during the course of a single operation involving only one incision, an expense will be payable only for that one procedure for which the largest amount is payable.

PART V

MATERNITY EXPENSE AS LIMITED HEREIN

No maternity benefits shall be payable under the new policy until it has been in force as to the person whose pregnancy is the basis of claim for at least thirty days prior to the inception of such pregnancy. If the insured or insured dependent whose pregnancy is the basis of claim has been previously and continuously insured under the University policy that this policy replaces, and maternity benefits would have been payable under such policy had it not terminated, the effective date of such maternity coverage shall be the effective date of the maternity coverage under the former policy.

Subject thereto, if the insured or insured dependent of the insured is hospitalized as provided in Part I as a result of pregnancy, childbirth, abortion, miscarriage, or any illness related to any of these, and the policy is then in force as to the insured or insured dependents, the maximum allowance for the combined Hospital-Medical-Surgical expense for mother and child shall not exceed \$85.00 for delivery of child or children or any illness related thereto; \$170.00 for Cesarean section including delivery or abdominal incision for extra-uterine or tubal pregnancy or any illness related thereto; \$42.50 for abortion or miscarriage or any illness related thereto.

No benefits will be payable for services rendered a newborn child during the hospital confinement of the mother.

PART VI MISCELLANEOUS OUT-PATIENT EXPENSE-ACCIDENT

When by reason of accidental bodily injuries for which no expense is payable under any other provision of the Policy the Insured or Insured Dependents shall be necessarily treated as an Out-Patient in a hospital, clinic, physician's office, or at home within 7 days after the occurrence of such injuries and during the period the policy is in force as to the Insured or Insured Dependents, the Company will pay the expense of the type outlined in Part II, and physician's expense, actually incurred in that 7 day period, not to exceed in the aggregate \$25.00 as the result of any one accident. If within 30 days after the date of such injuries the Insured or Insured Dependents shall be necessarily confined within a hospital by reason of the same injuries, any amount paid hereunder shall be credited against the \$100.00 maximum payable under Part II.

PART VII CATASTROPHE EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured or insured dependents of the insured shall incur expenses of the type stipulated in Parts I, II, III, and IV hereof and which total expense is in excess of one and one-half times the aggregate amount of the claim to be paid under those Parts, the Company will pay 80% of such excess amount not to exceed in the aggregate \$5,000.00 for any one claim as to any one insured or insured dependent of the insured. (Maternity Expense, Part V, and the Miscellaneous Out-Patient Expense, Part VI, are to be excluded from this Part.)

PART VIII EXCLUSIONS

The insurance under the policy shall not apply to: (a) such injuries sustained or disease contracted unless hospital residence is required in the treatment thereof, except as provided under Parts IV and VI hereof; (b) refraction or expense of eyeglasses; (c) loss due to dental treatment or dental surgery,

except under parts I, II and VI hereof for natural teeth; (d) injury or disease for which expense is payable under any Workmen's Compensation or Occupational Disease law or arrangement; (e) loss due to pregnancy, childbirth, abortion, miscarriage, or any illness related to any of these except as stated under Part V; (f) care provided by a health resort or rest home; (g) care provided by a governmental agency without cost to the insured or insured dependents of the insured; or (h) intentionally self-inflicted injuries.

PART IX EFFECTIVE DATE OF INSURANCE

The insurance of the insured and/or insured dependents of the insured shall become effective at 12:01 A.M., C.S.T. on the first day of the month of the policy year following the date application therefor and proper remittance are received by the University. (Subject to the provisions and limitations as outlined under "Who is Eligible" starting on page 2 hereof.)

PART X TERMINATION OF INSURANCE

1. The insurance of the insured and insured dependents of the insured shall cease automatically, at 12:00 midnight C.S.T., without need for notice to the insured:
 - a. At the expiration of the period for which premium has been paid;
 - b. On the date the policy terminates; or
 - c. On the anniversary date of the policy following the date the Insured ceases to be an employee of the University, except for those employees who entered retirement prior to October 1, 1956, such employees are eligible to continue their insurance in force provided they were covered under the University Group Policy for at least twelve consecutive months immediately prior to the effective date of retirement and for those employees entering retirement after October 1, 1956, and prior to October 1, 1960, such employees are eligible to continue their insurance in force provided they were continuously covered under the former policy that this policy replaces, and under this policy since October 1, 1955, and for those employees entering retirement after October 1, 1960, such employees are eligible to continue their insurance in force provided they were continuously covered under the former policy that this policy replaces, and under this policy for sixty consecutive months immediately prior to the date of retirement.
2. The insurance as respects an insured dependent of the insured shall cease automatically at 12:00 midnight C.S.T., without need for notice to the insured:
 - a. On the date the insurance of the insured terminates; except that in the event of death of the insured, the insurance of any insured dependent of the insured, including spouse not remarried, shall remain in force as

long as the policy remains in force and premium is properly paid by such insured dependent;

- b. On the date such person ceases to be a dependent of the insured, or marries;
 - c. If a child, on the anniversary date of the policy following the attainment of the age of nineteen years.
3. Upon written request for cancellation by the insured, premiums will be refunded computed from the first of the month following the date written request for cancellation is received by the University of Illinois, Insurance Office.
 4. Termination of insurance shall be without prejudice to any claim originating prior thereto.

COMBINED BASIC AND CATASTROPHE PLAN . . . GROUP RATES

	° Quarterly (Oct., Jan., Apr., July)	° Semi- Annual (Oct. & Apr.)	• Annual (Oct.)
Employee only	\$ 7.75	\$15.25	\$30.25
Employee and one dependent	14.50	28.75	57.25
Employee and two or more dependents	16.75	33.25	66.25

° Call 2802 for premium due, if enrolling at date other than specified.

PLEASE NOTE . . .

1. You must elect the method of premium payment at the October premium billing date, and may not change it during the policy year.
2. New employees must elect the method of premium payment at the time of their applying for coverage; if electing to pay at other than the dates specified above, call the Insurance Office for premium due.

IF IN DOUBT AS TO AMOUNT, CALL EXT. 2802 AT URBANA.

HOW TO PRESENT CLAIMS . . .

1. Upon release from the hospital ask the hospital to prepare the University blue claim report (all Champaign-Urbana hospitals have a supply of these forms) and forward it along with their itemized bill to the Staff Insurance

Office, 258 Administration, Urbana. (Do not send your bills to the Insurance Company).

If an out-of-town hospital is involved you may obtain the University blue claim report blank from the Staff Insurance Office to be forwarded to the hospital and completed as indicated above.

2. In addition to the above, an itemized statement from your attending physician or surgeon is needed. The University blue claim is not to be completed by the physician, except in cases of outpatient treatment rendered away from a hospital.
3. Payments will be made direct to the insured unless you properly complete the assignment in detail on the reverse side of the University blue claim report, in which case payment will be made to the hospital and/or physician as you designate on the blue claim report. Only the employee's own authentic signature will be honored.

HOW TO PARTICIPATE . . .

The following stipulations regulating premium payment by the insured employees are under the joint supervision of the Policyholder and the Insurer.

1. If you are already insured under the current University plan do not complete a new application. Premium notices and new insurance certificates will be sent automatically to present participants.

2. Employees, other than those indicated in 1. above, who wish to be insured under the plan should complete the orange application attached hereto or available at the Staff Insurance Office and send it with the correct remittance to the Bursar's Office, Room 100b, Administration Building, Urbana.

3. Coverage for applications and proper remittances received prior to October 1, 1957, will become effective on that date. Coverage for applications and proper remittance received after that date cannot be accepted until the following annual enrollment date, except that applications by new employees will be accepted if received with proper remittance within 60 days of date of employment.

4. Only one premium notice will be mailed to the insured at each of the applicable billing dates. Failure of the insured to receive any such premium notices shall not be the responsibility of the University Staff Insurance Office. The grace period indicated on the premium notice will be strictly enforced.

Insureds whose proper remittance is not received by the end of the five day grace period will be considered as delinquent; such insureds will receive notification thereof soon thereafter and be allowed one month from date of delinquency to make proper remittance and return to good standing, or else be lapsed from coverage, without further notice, for the remainder of the policy year. The period in which a delinquent premium will be received and honored will be strictly enforced, and repeated delinquency of premiums shall be just cause for the University to terminate coverage as to any such insured without right to reinstatement during the remainder of the policy year.

5. ALL REMITTANCES SHOULD BE MADE PAYABLE TO THE "UNIVERSITY OF ILLINOIS."

6. Inquiry about this protection is welcome at the Staff Insurance Office, 258 Administration, Ext. 2802, Urbana.

THE APPLICATION

on the Inside Back Cover

is for the use of

ONLY

Those Employees Who Are Not As Yet

Insured Under This

U. of I. GROUP PLAN

PART IV (page 5) Continued

**SCHEDULE OF EXPENSE BENEFITS FOR
SURGICAL PROCEDURES**

Description of Operation	Maximum Allowance
1. ABDOMEN AND PELVIC CAVITY	
Cutting for diagnosis or treatment of organs therein (unless otherwise specified in this schedule)	\$150.00
Adhesions	150.00
Appendectomy	150.00
Bronchoscopy, one or more	52.50
Cholecystectomy	150.00
Cholecystotomy	150.00
Choledochostomy	150.00
Colostomy	112.50
Cystotomy	150.00
Diverticulectomy	150.00
Gastrectomy	150.00
Gastrosomy	52.50
Gastrotomy	150.00
Herniorrhaphy, Single	75.00
Herniorrhaphy, Double	112.50
Herniotomy, Single	75.00
Herniotomy, Double	112.50
Hernia, Single—incision method (entire course of treatment)	37.50
Hernia, Double—incision method (entire course of treatment)	56.25
Laparotomy	150.00
Splenectomy	150.00
Ulcer, Duodenal, Gastric or Peptic	150.00

2. ABDOMEN — FEMALE SURGERY

Caruncle	22.50
Cervical Polyp	37.50
Cervical Stump	75.00
Cervix, amputation	75.00
Cervix, cauterization	22.50
Cervix, conization	37.50
Cervix, curettage	22.50
Cervix, dilation	15.00
Colporrhaphy	37.50
Cystocele	37.50
Dilatation and curettage	37.50
Gilliam Suspension	150.00
Hymenectomy	22.50
Hysterectomy or panhysterectomy	150.00
Hysterectomy or panhysterectomy Vaginal approach	75.00
Meatus, Fulgeration of	7.50
Myomectomy	150.00
Oophorectomy	150.00
Perineorrhaphy	75.00
Salpingectomy	150.00
Salpingo-oophorectomy	150.00
Panhysterooophorectomy	150.00
Panhysterosalpingectomy	150.00

Description of Operation	Maximum Allowance
Panhysterosalpingo-oophorectomy	225.00
Rectocele	37.50
Trachelorrhaphy	75.00
Urethrocele	37.50
Uterus —	
Retroversion or suspension, correction by abdominal approach	150.00
By vaginal approach	75.00
Vaginal Prolapse	150.00

3. AMPUTATION

Entire foot, arm, forearm, or entire hand	75.00
Fingers or toes, each (One entire phalanx)	15.00
Leg (below knee joint)	75.00
Thigh (above knee joint)	112.50
Thigh, including entire hip joint	150.00

4. BREAST

Mastectomy, single	112.50
Mastectomy, double	150.00

5. CHEST

Bronchoscopy, one or more for foreign object or biopsy	52.50
Cutting into thoracic cavity for diagnosis or treatment	60.00
Induction of artificial pneumothorax	37.50
Lobectomy	150.00
Pneumonectomy	225.00
Pneumolysis	60.00
Thoracotomy	60.00
Thoracoplasty (complete) or removal of portion of lung	225.00

6. CYSTS

Bakers	30.00
Bartholin	37.50
Branchial	75.00
Dermoid	52.50
Ganglion	15.00
Papillomas	7.50
Pilonidal	75.00
Scalp or skin	15.00
Sebaceous	15.00
Thyroglossal	75.00
Wen	15.00

Description of Operation	Maximum Allowance
7. DISLOCATION, reduction of	
Ankle, elbow, or shoulder	37.50
Bones of hand or foot	15.00
Collarbone	15.00
Hip or knee	52.50
Lower jaw or wrist	22.50
Patella or kneecap	22.50
Thumb, fingers or toes, one or more	15.00
For dislocations requiring an open operation, maximum reim- bursement will be twice the amount shown above.	

8. EAR

Fenestration (one side)	112.50
Fenestration (both sides)	150.00
Labyrinthotomy	225.00
Mastoidectomy (one side)	112.50
Mastoidectomy (both sides)	150.00
Myringotomy	15.00
Polyps, Removal	15.00

9. EYE

Cataract needling	52.50
Cataract removal	75.00
Chalazion on eyelid	15.00
Corneal ulcer	7.50
Detached retina	75.00
Enucleation or evisceration	75.00
Foreign body removal	7.50
Glaucoma	75.00
Iridectomy	37.50
Keratotomy	37.50
Lachrimal gland or sac	37.50
Pterygium	30.00
Removal of eye	75.00
Sclerotomy	37.50
Strabismus, one stage	52.50
Strabismus, two or more stages	75.00
Tarsorrhaphy	22.50

10. FRACTURES

Arm (upper), kneecap (patella), lower leg, (tibia, fibula), olecranon, pelvis, tibia and fibula, spine, thigh (femur) or vertebra or skull	75.00
Arm (lower), collarbone (clavicle), jaw (alveolar process excepted), shoulder blade (scapula)	37.50
Colles fracture, radius or ulna	37.50
Colles fracture, wrist	22.50
Hand, feet, sternum or wrist	22.50
Nose, coccyx, rib or ribs	15.00
Thumb, fingers or toes, one or more	15.00
The amounts shown above are for	

simple fractures; for compound fractures the maximum amount of reimbursement will be one and one-half times the amount shown above for the corresponding simple fracture.

For fractures requiring an open operation, the maximum amount of reimbursement will be twice the amount shown above for the corresponding simple fracture.

11. GENITO-URINARY

Cystoscopy (one or more)	22.50
Cystostomy	112.50
Cystotomy	112.50
Epididymectomy	52.50
Hydrocele, excision, or incision and treatment of sac (tapping excepted)	37.50
Kidney, entire removal	225.00
Kidney, cutting into for stones, infection or tumor	150.00
Nephrectomy	225.00
Nephropexy	150.00
Nephrotomy	150.00
Orchidectomy	52.50
Orchidopexy	52.50
Perineoplasty	75.00
Removal of tumors or stones in bladder, kidney or ureter by crushing, cauterization or endo- scopic means	37.50
Removal of tumors or stones in bladder, or ureter by open operation	75.00
Removal of entire prostate by open operation (complete) ..	225.00
Removal of part of prostate by endoscopic means	60.00
by other cutting operation	112.50
Revision bladder neck	112.50
Stricture, cystoscopy for dilation to promote passage of urine ..	22.50
Stricture of urethra open operation	75.00
Intra-urethral cutting operation	37.50
Stress urinary incontinence (Kelly ureteral plastic)	37.50
Transurethral prostatic resection	60.00
Varicocele, cutting operation on ..	37.50
Vasectomy, partial only	22.50
Vasectomy (total removal)	37.50
Vasotomy (an incision only)	22.50

12. INCISION OR EXCISION FOR REMOVAL

Abscess (alveolar processes excepted)	22.50
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Description of Operation	Allowance Maximum
Anal dilatation	15.00
Anaplasty	32.50
Carcinoma	150.00
Fissure	15.00
Fistula	37.50
Hemorrhoids, cutting operation or injection treatment for radical cure (complete procedure)	
External only	37.50
Internal, or Internal and External	60.00
Polyp	22.50
Prolapsed rectum	37.50
Rectocele	37.50
Stricture of Anus	37.50

18. TUMORS

Benign	\$ 37.50
Bladder	150.00
Brain	225.00
Kidney	150.00

Description of Operation	Maximum Allowance
Malignant of face, lip or skin ..	37.50
Malignant, except of face, lip or skin	150.00

19. VARICOSE VEINS

Cutting operation or injection treatment (complete procedure on all veins)	60.00
Incision of thrombosed vein	15.00
Saphenous vein ligation	37.50

20. VARIOUS-MISCELLANEOUS

Biopsy, if no other surgery involved	15.00
Paracentesis, tapping	15.00
Radium or X-ray therapy (each treatment)	7.50
Skin grafting, initial	37.50
each additional grafting	7.50
Suturing all accidental wounds	7.50

In the event of cutting operations not specified above, an amount commensurate with similar operations will be paid.

FACULTY AND STAFF APPLICATION FOR U. OF I. COMBINED BASIC AND CATASTROPHE,

ACCIDENT AND SICKNESS INSURANCE

(For use by those eligible employees who are NOT as yet insured under this Group Plan)

1. Employee _____ Sex _____ Age _____

2. Local Home Address _____ Phone _____

3. University Address	Room and Bldg.	Dept.	Employment Date	Phone Ext.

4. Are you (and your dependents) to the best of your knowledge and belief now in good health and free from all physical impairment and disease? (Details of all exceptions must be noted.) _____

5. What immediate members of your family are to be insured? (To be answered only if insurance thereon is applied for)

Spouse _____ **Children** _____
Name Birth Date Name Birth Date Name Birth Date

6. This insurance becomes effective for presently uninsured employees on October 1, 1958, if application and proper remittance are received at the office indicated under 10 below on or before that date, and for new employees on the first of the month following receipt of application and proper remittance if within 60 days of date of employment.

7. PREMIUM RATES (Call 2802 for premium due if enrolling on date other than as specified)		
	QUARTERLY (Oct., Jan., Apr., July)	SEMI-ANNUAL (Oct. & Apr.)
Employee Only.....	\$ 7.75	\$15.25
Employee and one dependent.....	14.50	28.75
Employee and two or more dependents.....	16.75	33.25
		ANNUAL (October)
		\$30.25
		57.25
		66.25

8. I hereby authorize any and all hospitals and the employees thereof, physicians, and/or other persons who attended me and/or examined me, to disclose when requested to do so by the Insurance Company and/or anyone acting in its stead, any and all information with respect to any illness and/or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital and/or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

9. Date signed _____ Signature of Employee _____

10. FORWARD PROPER REMITTANCE, PAYABLE TO: "THE UNIVERSITY OF ILLINOIS," WITH APPLICATION—MAIL TODAY TO:
Bursar's Office, 100b Administration Bldg., Urbana.

For office use only.

CLAIM RECORD

Type of Illness.

Type of Surgery:



UNDERWRITTEN BY THE
GROUP DIVISION
BANKERS LIFE and CASUALTY COMPANY
CHICAGO 30, ILL.

COMPLETE IN DETAIL — PRINT CLEARLY OR TYPE

**FACULTY AND STAFF APPLICATION FOR U. OF I. COMBINED BASIC AND CATASTROPHE,
ACCIDENT AND SICKNESS INSURANCE**

(For use by those eligible employees who are NOT as yet insured under this Group Plan)

1. Employee _____ Sex _____ Age _____
Last Name First Middle

2. Local Home Address _____ Phone _____
Street City State

3. University Address _____ Phone Ext. _____
Room and Bldg. Dept. Employment Date

4. Are you (and your dependents) to the best of your knowledge and belief now in good health and free from all physical impairment and disease?
(Details of all exceptions must be noted.) _____

5. What immediate members of your family are to be insured? (To be answered only if insurance thereon is applied for)

Spouse	Children	
Name _____	Birth Date _____	Name _____ Birth Date _____
		Name _____ Birth Date _____
		Name _____ Birth Date _____

6. This insurance becomes effective for presently uninsured employees on October 1, 1958, if application and proper remittance are received at the office indicated under 10 below on or before that date, and for new employees on the first of the month following receipt of application and proper remittance if within 60 days of date of employment.

7. PREMIUM RATES (Coll 2802 for premium due if enrolling at date other than as specified)

	QUARTERLY (Oct., Jan., Apr., July)	SEMI-ANNUAL (Oct. & Apr.)	ANNUAL (October)
Employee Only.....	\$ 7.75	\$15.25	\$30.25
Employee and one dependent.....	14.50	28.75	57.25
Employee and two or more dependents.....	16.75	33.25	66.25

8. I hereby authorize any and all hospitals and the employees thereof, physicians, and/or other persons who attended me and/or examined me, to disclose when requested to do so by the Insurance Company and/or anyone acting in its stead, any and all information with respect to any illness and/or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital and/or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

9. Date signed _____ Signature of Employee _____

10. FORWARD PROPER REMITTANCE, PAYABLE TO: "THE UNIVERSITY OF ILLINOIS," WITH APPLICATION—MAIL TODAY TO:
Bursar's Office, 100b Administration Bldg., Urbana.

UNIVERSITY OF ILLINOIS-URBANA

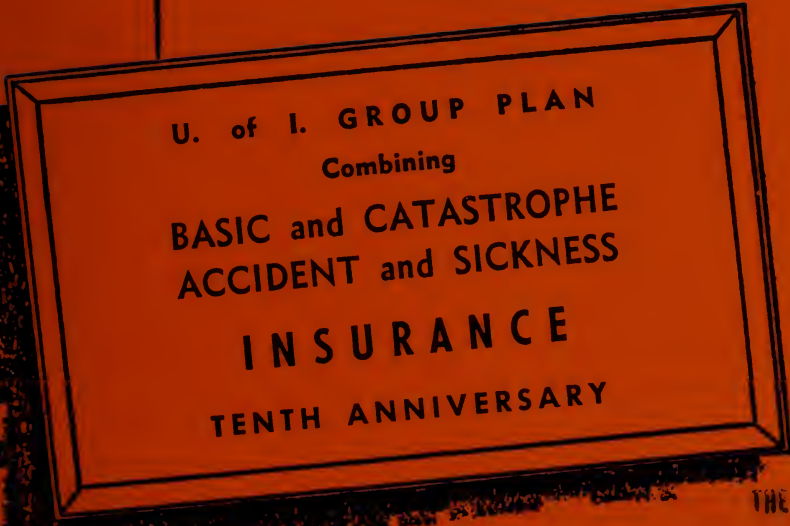


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UNDERWRITTEN BY THE
GROUP DIVISION
BANKERS LIFE and CASUALTY COMPANY
CHICAGO 30, ILL.

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1959/60



THE LIBRARY OF THE

UNIVERSITY OF ILLINOIS

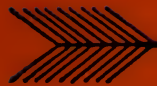
1966

Exclusively for
All Employees
— and their families —
of

THE UNIVERSITY OF ILLINOIS

at Champaign-Urbana

1959-1960



UNIVERSITY OF ILLINOIS

URBANA, ILLINOIS

To All University Staff Members:

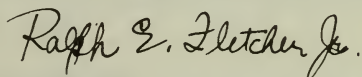
For a decade the University has made available to its faculty and staff a group Hospital-Medical-Surgical insurance program. During this period benefits have been revised and new coverages added to keep current with the rising costs of medical expenses.

In keeping with the desire to offer sound protection and security for each insurance dollar spent by its participating employees and their families, the University offers for the 1959-60 policy year another improved program of benefits. The coverage will be underwritten by The Federal Life Insurance Company, Chicago, Illinois.

The value of this investment for your family's security and protection will be readily evident if you take a few minutes to read this booklet describing the University of Illinois plan.

Your University group plan will speak for itself. Compare its cost and benefits with other plans. Then complete the application form attached to the back of this booklet.

Sincerely,



Ralph E. Fletcher, Jr.
Supervisor of Insurance

WHO IS ELIGIBLE?

1. All active full-time and active part-time Employees of the University of Illinois at Champaign-Urbana, the staff of Allied Surveys and Laboratories on the Champaign-Urbana Campus, and the Athletic Association Staff at Champaign-Urbana may participate in the plan regardless of age, physical condition, or occupation.

2. Present employees, except those indicated under point 3 below, may enroll **ONLY** at the annual enrollment date of October 1, provided application for their coverage with proper remittance is **RECEIVED PRIOR** to that date. Enrollment will not be permitted during the policy year **EXCEPT** as outlined under point 3 below.

3. Employees become eligible for this insurance at the effective date of their employment. Their insurance shall take effect on the first of the month following the date of application, or on the date of application if payment is made for the full month, provided application with proper remittance is **RECEIVED WITHIN 60 days** following the date of employment. New employees whose application and remittance are not received by the University within the above stated 60-day period will not be accepted for enrollment until the subsequent annual enrollment date of October 1.

Those in the dual capacity as a student and a staff member and who have carried student insurance have 60 days after permanent loss of eligibility under the student plan to convert to this insurance. A lapse in coverage will result, however, unless application is made on the day the student coverage terminates.

THE APPLICATION

on the Inside Back Cover

is for the use of

ONLY

Those Employees Who Are Not As Yet

Insured Under This

U. of I. GROUP PLAN

4. Such employees enumerated above may continue to participate should they take University approved leave, disability leave, sick leave, or sabbatical leave. Employees terminating employment with the University may continue to participate throughout the current policy year; then they may contact the Company direct regarding individual coverage.

5. Employees entering retirement during the 1959-60 policy year are eligible to continue participating if they have participated continuously from October 1, 1955. Those entering retirement subsequent to the 1959-60 policy year must have been participants for at last 5 consecutive years immediately prior to the effective date of retirement.

Employees who retired prior to October 1, 1959 are eligible to continue participating so long as they make premium payments when due.

Any retired person who allows coverage under this Group Plan to lapse at any time for any reason shall not be eligible for reinstatement.

6. Spouses of employees, not divorced or legally separated, and unmarried, dependent children under nineteen years of age, represent dependents eligible for coverage.

Such eligible dependents may be insured on the date your insurance becomes effective providing application for their coverage with proper remittance is RECEIVED PRIOR to that date, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED.

New dependents may be added on the date application is made within 60 days of attaining insurable status, provided application for their coverage with proper remittance is RECEIVED PRIOR to the end of that time, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED.

7. Spouses not remarried and/or other eligible dependents as indicated above of deceased employees (active or retired) are eligible to continue participation so long as they make premium payments when due. If they allow coverage to lapse at any time for any reason they shall not be eligible for reinstatement.

8. Medical examination for enrollment is not required; however, you and your eligible dependents will not be covered for the first twelve months, for any injury or disease which had its inception BEFORE the effective date of coverage as to the insured person in the University Faculty-Staff Insurance Plan, except that the above twelve month requirement is waived for new employees taking coverage within 60 days of employment.

9. Neither employees nor their dependents can be participants in both the staff and student insurance programs.

DESCRIPTION OF BENEFITS

The following HOSPITAL-MEDICAL-SURGICAL expense reimbursement benefits are available to you and your eligible dependents against loss resulting directly and independently of all other causes from accidental bodily injuries causing loss commencing while the policy is in force as to the Insured Employee or Insured Dependents and against loss resulting from disease causing loss commencing while the policy is in force as to the Insured Employee or Insured Dependents, provided, however, insurance under the policy shall not apply to any loss for disease contracted or commencing prior to the effective date of coverage as to the Insured Employee or Insured Dependents, unless the Insured Employee or Insured Dependent has been covered for a period of 12 months immediately prior to the date the Insured Employee or Insured Dependent incurs a loss, except coverage shall be applicable for any loss commencing while the policy is in force as to employees who apply for coverage within 60 days after the date of employment, subject to the provisions, conditions and limitations of the policy.

PART I HOSPITAL RESIDENCE EXPENSE

If, on account of such injuries or disease, the insured employee or insured dependents shall on the advice of a legally qualified physician or surgeon require residence as an in-patient in any legally operated hospital the company will pay the expense actually incurred each day for hospital room and board not to exceed \$14.00 per day for such hospital residence but in no event will the company's payments exceed \$294.00 for any one period of hospital confinement of the insured employee or insured dependent.

PART II MISCELLANEOUS HOSPITAL EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured employee or insured dependents shall incur expense for laboratory tests, anesthetics and administration thereof, use of operating room, medicine, drugs, dressings, blood transfusions and the administration thereof, X-rays, and ambulance expense to and from hospital (limit \$10.00 per confinement), the company will pay the actual expense thereof not to exceed in the aggregate \$100.00 for any one period of hospital confinement of the insured employee or insured dependent. Benefits under this part are to be paid in connection with out-patient surgical charges under Part IV.

PART III

PHYSICIAN'S EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part 1, the insured employee or insured dependents shall require treatment by a legally qualified physician, the company will pay the expense actually incurred each calendar day not to exceed \$4.00 per day but in no event will the company's payments exceed \$84.00 for any one period of hospital confinement of the insured employee or insured dependent. (Physician's expense excluded if a surgical operation expense is payable.)

PART IV

SURGICAL PROCEDURE EXPENSE

If, on account of such injuries or disease and during the period the policy is in force as to the Insured Employee or Insured Dependents, the Insured Employee or Insured Dependents shall require surgical treatment, the Company will pay the actual expense thereof not to exceed the maximum amount specified in the Schedule of Surgical Procedures on pages 11-14.

If two or more surgical procedures are performed during the course of a single operation involving only one incision, an expense will be payable only for that one procedure for which the largest amount is payable.

PART V

MATERNITY EXPENSE AS LIMITED HEREIN

No maternity benefits shall be payable under the new policy until it has been in force as to the person whose pregnancy is the basis of claim for at least thirty days prior to the inception of such pregnancy. If the insured employee or insured dependent whose pregnancy is the basis of claim has been previously and continuously insured under the University policy that this policy replaces, and maternity benefits would have been payable under such policy had it not terminated, the effective date of such maternity coverage shall be the effective date of the maternity coverage under the former plan.

Subject thereto, if the insured employee or insured dependent is hospitalized as provided in Part 1 as a result of pregnancy, childbirth, abortion, miscarriage, or any illness related to any of these, and the policy is then in force as to the insured employee or insured dependents, the maximum allowance for the combined Hospital-Medical-Surgical expense for mother and child shall not exceed \$100.00 for delivery of child or children or any illness related

thereto; \$200.00 for Cesarean section including delivery or abdominal incision for extra-uterine or tubal pregnancy or any illness related thereto; \$50.00 for abortion or miscarriage or any illness related thereto.

No benefits will be payable for services rendered a newborn child during the hospital confinement of the mother.

PART VI MISCELLANEOUS OUT-PATIENT EXPENSE-ACCIDENT

When by reason of injury for which no expense is payable under any other provision of the Policy the Insured Employee or Insured Dependents shall be necessarily treated as an Out-Patient in a hospital, clinic, physician's office, or at home within 7 days after the occurrence of such injury the Company will pay the expense of the type outlined in Part II, and physician's expense, actually incurred in that 7 day period, not to exceed in the aggregate \$25.00 for any one injury as to any one insured person.

PART VII CATASTROPHE EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured employee or insured dependents shall incur expenses of the type stipulated in Parts I, II, III, and IV hereof and which total expense is in excess of one and one-half times the aggregate amount of the claim to be paid under those Parts, the Company will pay 80% of such excess amount including charges of private, registered nurses not to exceed in the aggregate \$5,000.00 for any one claim as to any one insured employee or insured dependent. Maternity Expense, Part V, and any policy provisions not requiring hospitalization are excluded from this Part.

PART VIII EXCLUSIONS

The insurance under the policy shall not apply to: (a) such injuries sustained or disease contracted unless hospital residence is required in the treatment thereof, except as provided under Parts IV and VI hereof; (b) refraction or expense of eyeglasses; (c) loss due to dental treatment or dental surgery, except under parts I, II and VI hereof for natural teeth; (d) injury or disease for which expense is payable under any Workmen's Compensation or Occupational Disease law or arrangement; (e) loss due to pregnancy, childbirth, abortion, miscarriage, or any illness related to any of these except as

stated under Part V; (f) care provided by a health resort or rest home; (g) care provided by a governmental agency without cost to the insured employee or insured dependents; (h) intentionally self-inflicted injury; or (i) a newborn child during the maternity confinement of the mother.

PART IX EFFECTIVE DATE OF INSURANCE

The insurance of the insured employee and/or insured dependents shall become effective at 12:01 A.M., C.S.T. on the first day of October following the date application therefor and proper remittance are received by the University. (Subject to the provisions and limitations as outlined under "Who is Eligible" starting on page 2 hereof for new employees and new dependents.)

PART X TERMINATION OF INSURANCE

1. The insurance of the insured employee and insured dependents shall cease automatically, at 12:01 A.M., C.S.T., without need for notice to the insured employee:
 - a. At the expiration of the period for which premium has been paid;
 - b. On the date the policy terminates; or
 - c. On the anniversary date of the policy following the date the Insured Employee ceases to be an employee of the University, except for those employees who entered retirement prior to October 1, 1956, such employees are eligible to continue their insurance in force provided they were covered under the University Group Policy for at least twelve consecutive months immediately prior to the effective date of retirement and for those employees entering retirement after October 1, 1956, and prior to October 1, 1960, such employees are eligible to continue their insurance in force provided they were continuously covered under the former policy that this policy replaces, and under this policy since October 1, 1955, and for those employees entering retirement after October 1, 1960, such employees are eligible to continue their insurance in force provided they were continuously covered under the former policy that this policy replaces, and under this policy for sixty consecutive months immediately prior to the date of retirement.
2. The insurance as respects an insured dependent of the insured employee shall cease automatically at 12:01 A.M., C.S.T., without need for notice to the insured employee:
 - a. On the date the insurance of the insured employee terminates; except that in the event of death of the insured employee, the insurance of any insured dependent of the insured employee, including spouse not re-

married, shall remain in force so long as the policy remains in force and premium is properly paid by such insured dependent;

- b. On the date such person ceases to be a dependent of the insured employee or marries;
- c. If a child, on the anniversary date of the policy following the attainment of the age of nineteen years.
3. Upon written request for cancellation by the insured employee, premiums will be refunded computed from the first of the month following the date written request for cancellation is received by the University of Illinois, Insurance Office.
4. Termination of insurance shall be without prejudice to any claim originating prior thereto.

COMBINED BASIC AND CATASTROPHE PLAN . . . GROUP RATES

	*Quarterly (Oct., Jan., Apr., July)	* Semi- Annual (Oct. & Apr.)	* Annual (Oct.)
Employee only	\$ 8.25	\$16.25	\$32.25
Employee and one dependent	15.00	29.75	59.25
Employee and two or more dependents	17.50	34.75	69.25

*Call 2802 for premiums due, if enrolling at date other than specified.

PLEASE NOTE . . .

1. You must elect the method of premium payment at the October premium billing date, and may not change it during the policy year.
2. New Employees must elect the method of premium payment at the time of applying for coverage; if applying at other than the dates specified above, call the Insurance Office for premium due.

IF IN DOUBT AS TO AMOUNT, CALL EXT. 2802 AT URBANA.

HOW TO PRESENT CLAIMS . . .

1. Upon release from the hospital ask the hospital to prepare the University blue claim report (all Champaign-Urbana hospitals have a supply of these forms) and forward it along with their itemized bill to the Staff Insurance

Office, 258 Administration, Urbana. (Do not send your bills to the Insurance Company.)

If an out-of-town hospital is involved, you may obtain the University blue claim report blank from the Staff Insurance Office to be forwarded to the hospital and completed as indicated above.

2. In addition to the above, an itemized statement from your attending physician or surgeon is needed. The University blue claim is not to be completed by the physician, except in cases of outpatient treatment rendered away from a hospital.
3. Itemized statements for ambulance, anesthetist, surgical assistants, consultants, and private registered nurses, where these services are used, should also be presented.
4. Payments will be made direct to the insured employee unless the insured employee properly completes the assignment in detail on the reverse side of the University blue claim report, in which case payment will be made to the hospital and/or physician as designated on the blue claim report. Only the employee's own authentic signature will be honored.

HOW TO PARTICIPATE . . .

The following stipulations regulating premium payment by the insured employees are under the joint supervision of the Policyholder and the Insurer.

1. If you are already insured under the current University plan do not complete a new application. Premium notices and new insurance certificates will be sent automatically to present participants.

2. Employees, other than those indicated in 1. above, who wish to be insured under the plan should complete the orange application attached hereto or available at the Staff Insurance Office and send it with the correct remittance to the Bursar's Office, Room 101E, Administration Building, Urbana.

3. Coverage for applications and proper remittances received prior to October 1, 1959, will become effective on that date. Coverage for applications and proper remittance received after that date cannot be accepted until the following annual enrollment date, except that applications by new employees will be accepted if received with proper remittance within 60 days after date of employment.

4. Only one premium notice will be mailed to the insured employee at each of the applicable billing dates. Failure of the insured employee to receive any such premium notices shall not be the responsibility of the University Staff Insurance Office. The grace period indicated on the premium notice will be strictly enforced.

Insured employees whose proper remittance is not received by the end of the five day grace period will be considered as delinquent; such insured employees will receive notification thereof soon thereafter and be allowed one month from date of delinquency to make proper remittance and return to good standing, or else be lapsed from coverage, without further notice, for the remainder of the policy year. The period in which a delinquent premium will be received and honored will be strictly enforced, and repeated delinquency of premiums shall be just cause for the University to terminate coverage as to any such insured employee without right to reinstatement during the remainder of the policy year.

5. ALL REMITTANCES SHOULD BE MADE PAYABLE TO THE "UNIVERSITY OF ILLINOIS."

6. Inquiry about this protection is welcome at the Staff Insurance Office, 258 Administration, Ext. 2802, Urbana.

THE APPLICATION

on the Inside Back Cover

is for the use of

ONLY

Those Employees Who Are Not As Yet

Insured Under This

U. of I. GROUP PLAN

SCHEDULE OF SURGICAL PROCEDURES

Description of Operation	Maximum Allowance	Description of Operation	Maximum Allowance
Abdomen and Pelvic Cavity			
Cutting for diagnosis or treatment of organs therein (unless otherwise specified in this schedule)	\$150.00	Thigh (above knee joint)	112.50
Adhesions	150.00	Thigh, including entire hip joint	150.00
Appendectomy	150.00	Breast	
Bronchoscopy, one or more	52.50	Mastectomy, Single	112.50
Cholecystectomy	150.00	Mastectomy	150.00
Cholecystostomy	150.00	Chest	
Choledochostomy	150.00	Bronchoscopy, one or more for foreign object or biopsy	52.50
Colostomy	112.50	Cutting into thoracic cavity for diagnosis or treatment	60.00
Cystostomy	150.00	Induction of artificial pneumothorax	37.50
Diverticulectomy	150.00	Lobectomy	150.00
Gastrectomy	150.00	Pneumonectomy	225.00
Gastroscopy	52.50	Pneumolysis	60.00
Gastrotomy	150.00	Thoracotomy	60.00
Herniorrhaphy, Single	75.00	Thoracoplasty (complete) or removal of portion of lung	225.00
Herniorrhaphy, Double	112.50	Cysts	
Herniotomy, Single	75.00	Bakers	30.00
Herniotomy, Double	112.50	Bartholin	37.50
Hernia, Single-injection method (entire course of treatment)	37.50	Branchial	75.00
Hernia, Double-injection method (entire course of treatment)	56.25	Dermoid	52.50
Laparotomy	150.00	Ganglion	15.00
Splenectomy	150.00	Papillomas	7.50
Ulcer, Duodenal, Gastric or Peptic	150.00	Pilonidal	75.00
Abdomen — female surgery		Scalp or skin	15.00
Caruncle	22.50	Sebaceous	15.00
Cervical Polyp	37.50	Thyroglossal	75.00
Cervical Stump	75.00	Wen	15.00
Cervix, Amputation	75.00	Dislocation, Reduction of	
Cervix, Cauterization	22.50	Ankle, elbow, or shoulder	50.00
Cervix, Conization	37.50	Bones of hand or foot	20.00
Cervix, Curettage	22.50	Collarbone	20.00
Cervix, Dilatation	15.00	Hip or knee	70.00
Colporrhaphy	37.50	Lower Jaw or wrist	30.00
Cystocele	37.50	Patella or kneecap	30.00
Dilatation and Curettage	37.50	Thumb, finger or toes, one or more	20.00
Gilliam Suspension	150.00	For dislocations requiring an open operation, maximum reimbursement will be twice the amount shown above.	
Hymenectomy	22.50	Ear	
Hysterectomy or Panhysterectomy	150.00	Fenestration (one side)	112.50
Hysterectomy or Panhysterectomy		Fenestration (both sides)	150.00
Vaginal approach	75.00	Labyrinthotomy	225.00
Meatus, Fulguration of	7.50	Mastoidectomy (one side)	112.50
Myomectomy	150.00	Mastoidectomy (both sides)	150.00
Oophorectomy	150.00	Myringotomy	15.00
Perineorrhaphy	75.00	Polyps removal	15.00
Salpingectomy	150.00	Eye	
Salpingo-oophorectomy	150.00	Cataract needling	52.50
Panhysteroophorectomy	150.00	Cataract removal	75.00
Panhysterosalpingectomy	150.00	Chalazion on eyelid	15.00
Panhysterosalpingoophorectomy	225.00	Corneal ulcer	7.50
Rectocele	37.50	Detached retina	75.00
Trachelorrhaphy	75.00	Enucleation or evisceration	75.00
Urethrocele	37.50	Foreign body removal	7.50
Uterus —		Glaucoma	75.00
Retroversion or suspension, correction by abdominal approach	150.00	Iridectomy	37.50
By vaginal approach	75.00	Keratotomy	37.50
Vaginal prolapse	150.00	Lachrymal gland or sac	37.50
Amputation		Pterygium	30.00
Entire foot, arm, forearm, or entire hand	75.00	Removal of eye	75.00
Fingers or toes, each (one entire phalanx)	15.00	Sclerotomy	37.50
Leg (below knee joint)	75.00	Strabismus, one stage	52.50

Description of Operation	Maximum Allowance
Strabismus, two or more stages	75.00
Tarsorrhaphy	22.50
Reduction of Fractures	
Arm (upper), kneecap (patello), lower leg, (tibia, fibula), olecranon, pelvis, tibia and fibula, spine, thigh (femur) or vertebra or skull	100.00
Arm (lower), collarbone (clavicle), jaw (Alveolar process excepted), shoulder blade (scapula)	50.00
Colles fracture, radius or ulna	50.00
Colles fracture, wrist	30.00
Hand, feet, sternum or wrist	30.00
Nose, coccyx, rib or ribs	20.00
Thumb, fingers or toes, one or more	20.00
The amounts shown above are for simple fractures requiring reduction; for compound fractures the maximum amount of reimbursement will be one and one-half times the amount shown for the corresponding fracture.	
For fractures requiring an open operation, the maximum amount of reimbursement will be twice the amount shown above for the corresponding fracture.	
Genito-urinary	
Cystoscopy	22.50
Cystostomy	112.50
Cystotomy	112.50
Epididymectomy	52.50
Hydrocele, excision, or incision and treatment of sac (topping excepted)	37.50
Kidney, entire removal	225.00
Kidney, cutting into for stones, infection or tumor	150.00
Nephrectomy	225.00
Nephropexy	150.00
Nephrotomy	150.00
Orchidectomy	52.50
Orchidopexy	52.50
Perineoplasty	75.00
Removal of tumors or stones in bladder, kidney, or ureter by crushing, couterization or endoscopic means	37.50
Removal of tumors or stones in bladder or ureter by open operation	75.00
Removal of entire prostate by open operation (complete)	225.00
Removal of part of prostate by endoscopic means	60.00
By other cutting operation	112.50
Revision bladder neck	112.50
Stricture, cystoscopy for dilation to promote passage of urine	22.50
Stricture of urethra	
Open operation	75.00
Intro-urethral cutting operation	37.50
Stress urinary incontinence (Kelly ureteral plastic)	37.50
Transurethral prostatic resection	60.00
Variocoele, cutting operation on	37.50
Vasectomy, partial only	22.50
Vasectomy (total removal)	37.50
Vasotomy (on incision only)	22.50

Description of Operation	Maximum Allowance
Incision or excision for removal	
Abscess (olevolar processes excepted)	22.50
Bunions (one or more)	22.50
Bursa	30.00
Corbuncle	15.00
Colpocoele	37.50
Debridement	37.50
Enterocoele	37.50
Embolectomy	75.00
Exostosectomy	37.50
Felon	22.50
Foreign body under skin	7.50
Gonglion	15.00
Glyonds, simple	15.00
Granuloma	37.50
Lipoma	37.50
Myomectomy	37.50
Ulcer	15.00
Wen	15.00
Joints and bones	
Bone Graft	70.00
Cutting into ankle, elbow, hip, knee, shoulder or wrist joints for diagnosis or treatment of structures within the joint (tapping excepted)	80.00
Excision or fixation of ankle, elbow or wrist joints	50.00
Knee joint	150.00
Hip, sacroiliac or shoulder joints	200.00
Ligaments and tendons cutting operation	50.00
Ligaments and tendons	
Grafting of tendons, one or more	100.00
Suturing of tendons, single	50.00
Suturing of tendons, multiple	80.00
Potellectomy	150.00
Removal of knee cartilage	100.00
Removal of diseased portion of bone, including curettage (olevolar processes excepted)	80.00
Removal of spurs	
From finger or heel	30.00
From hip	70.00
Removal of portion of vertebra or vertebrae (coccyx processes excepted)	225.00
Removal of part of, or all of coccyx or vertebral process	100.00
Removal of vertebral disc	200.00
Rhinoplasty	200.00
Nerves and neuro-surgery	
Anastomosis	112.50
Chordotomy (unilateral or bilateral)	150.00
Cutting into cranial cavity (drill taps excepted)	225.00
Decompression	150.00
Laminectomy	225.00
Phrenectomy	75.00
Repair	37.50
Rhizotomy	150.00
Sympathectomy	150.00
Nose and throat	
Adenoidectomy	22.50
Antrum puncture	7.50
Antrum window	15.00
Bronchoscopy, one or more	
(Removal foreign body or biopsy)	52.50
Coldwell-luc	52.50
Esophagoscopy	52.50
Ethmoidectomy	52.50

Description of Operation	Maximum Allowance
Frontal sinus	52.50
Larynx intubation	37.50
Larynx Polyp Removal	22.50
Laryngectomy	150.00
Laryngoscopy diagnostic	22.50
Laryngoscopy operative	52.50
Ligation thyroid arteries only	75.00
Ligation thyroid arteries (two stage operation)	112.50
Lobectomy	150.00
Neoplasma of larynx	112.50
Polyp, removal nasal	15.00
Polyp, removal (bilateral)	30.00
Salivary calculus, removal	15.00
Salivary gland removal	52.50
Sinus Wash	7.50
Submucous resection	52.50
Sinus operation by cutting (puncture of antrum excepted)	52.50
Tags, tonsil	15.00
Thyroidectomy, complete procedure, including removal of thyroid arteries	225.00
Thyroidectomy, partial only	150.00
Tongue tie	15.00
Tonsillectomy, or tonsillectomy and adenoidectomy	37.50
Tracheotomy	52.50
Turbinectomy	22.50
Uvulectomy	15.00
Obstetrics	
(See Part V, titled Maternity Expense)	
Rectum	
Anal crypts	15.00
Anal Dilatation	15.00
Anaplasty	32.50

Description of Operation	Maximum Allowance
Carcinoma	150.00
Fissure	15.00
Fistula	37.50
Hemorrhoids, cutting operation or injection treatment for radical cure (complete procedure)	
External only	37.50
Internal, or internal and external	60.00
Polyp	22.50
Prolapsed rectum	37.50
Rectocele	37.50
Stricture of anus	37.50
Tumors	
Benign	37.50
Bladder	150.00
Brain	225.00
Kidney	150.00
Malignant of face, lip or skin	37.50
Malignant, except of face, lip or skin	150.00
Varicose veins	
Cutting operation or injection treatment (Complete procedure on all veins)	60.00
Incision of thrombosed vein	15.00
Saphenous vein ligation	37.50
Various—Miscellaneous	
Biopsy, if no other surgery involved	15.00
Paracentesis, tapping	15.00
Radium or X-ray therapy (each treatment)	7.50
Skin grafting, initial	37.50
Each additional grafting	7.50
Suturing all accidental wounds	7.50
In the event of cutting operations not specified above, an amount commensurate with similar operations will be paid.	

COMPLETE IN DETAIL — PRINT CLEARLY OR TYPE

FACULTY AND STAFF APPLICATION FOR U. OF I. COMBINED BASIC AND CATASTROPHE, ACCIDENT AND SICKNESS INSURANCE

(For use by those eligible employees who are NOT as yet insured under this Group Plan)

1. Employee _____ Last Name _____ First _____ Middle _____ Sex _____ Age _____

2. Local Home Address _____ Street _____ City _____ State _____ Phone _____

3. University Address _____ Room and Bldg. _____ Dept. _____ Employment Date _____ Phone Ext. _____

4. Are you (and your dependents) to the best of your knowledge and belief now in good health and free from all physical impairment and disease?
(Details of all exceptions must be noted.) _____

5. What immediate members of your family are to be insured? (To be answered only if insurance thereon is applied for.)

Spouse		Children	
Name	Birth Date	Name	Birth Date

6. This insurance becomes effective for presently uninsured employees on October 1, 1959, if application and proper remittance are received at the office indicated under 10 below on or before that date, and for new employees on the first of the month following receipt of application and proper remittance, or on the date of application if payment is made for the full month, if received within 60 days of date of employment.

7. PREMIUM RATES (Call 2802 for premium due if enrolling at date other than as specified)		QUARTERLY (Oct., Jan., Apr., July)		SEMI-ANNUAL (Oct. & Apr.)		ANNUAL (October)	
Employee Only	.....	\$ 8.25		\$16.25		\$32.25	
Employee and one dependent	.....	15.00		29.75		59.25	
Employee and two or more dependents	.....	17.50		34.75		69.25	

8. I hereby authorize any and all hospitals and all employees thereof, physicians, and/or other persons who attended me and/or examined me, to disclose when requested to do so by the Insurance Company and/or anyone acting in its stead, any and all information with respect to any illness and/or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital and/or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

9. Date signed _____ Signature of Employee _____

10. FORWARD PROPER REMITTANCE, PAYABLE TO: "THE UNIVERSITY OF ILLINOIS," WITH APPLICATION—MAIL TODAY TO:
Bursar's Office, 101E Administration Bldg., Urbana.

For office use only.

CLAIM RECORD

Type of Illness.

Type of Surgery.



UNDERWRITTEN BY

FEDERAL LIFE INSURANCE COMPANY

CHICAGO 46, ILLINOIS

AGB-4416

COMPLETE IN DETAIL — PRINT CLEARLY OR TYPE

FACULTY AND STAFF APPLICATION FOR U. OF I. COMBINED BASIC AND CATASTROPHE, ACCIDENT AND SICKNESS INSURANCE

(For use by those eligible employees who are NOT as yet insured under this Group Plan)

1. Employee _____ Last Name _____ First _____ Middle _____ Sex _____ Age _____

2. Local Home Address _____ Street _____ City _____ State _____ Phone _____

3. University Address _____ Room and Bldg. _____ Dept. _____ Employment Date _____ Phone Ext. _____

4. Are you (and your dependents) to the best of your knowledge and belief now in good health and free from all physical impairment and disease?

(Details of all exceptions must be noted.) _____

5. What immediate members of your family are to be insured? (To be answered only if insurance thereon is applied for.)

Spouse _____	Children _____	_____	_____
Name _____	Birth Date _____	Name _____	Birth Date _____
_____	_____	_____	_____
Name _____	Birth Date _____	Name _____	Birth Date _____

6. This insurance becomes effective for presently uninsured employees on October 1, 1959, if application and proper remittance are received at the office indicated under 10 below on or before that date, and for new employees on the first of the month following receipt of application and proper remittance, or on the date of application if payment is made for the full month, if received within 60 days of date of employment.

7. PREMIUM RATES (Coll 2802 for premium due if enrolling at date other than as specified)

	QUARTERLY (Oct., Jan., Apr., July)	SEMI-ANNUAL (Oct. & Apr.)	ANNUAL (October)
Employee Only	\$ 8.25	\$16.25	\$32.25
Employee and one dependent	15.00	29.75	59.25
Employee and two or more dependents	17.50	34.75	69.25

8. I hereby authorize any and all hospitals and the employees thereof, physicians, and/or other persons who attended me and/or examined me, to disclose when requested to do so by the Insurance Company and/or anyone acting in its stead, any and all information with respect to any illness and/or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital and/or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

9. Date signed _____ Signature of Employee _____

10. FORWARD PROPER REMITTANCE, PAYABLE TO: "THE UNIVERSITY OF ILLINOIS," WITH APPLICATION—MAIL TODAY TO:
Bursor's Office, 101E Administration Bldg., Urbana.



UNDERWRITTEN BY

FEDERAL LIFE INSURANCE COMPANY

C.
El64Dsp
1960/61



U. of I. GROUP PLAN
Combining
BASIC and CATASTROPHE
ACCIDENT and SICKNESS
INSURANCE
ELEVENTH ANNIVERSARY

Exclusively for
All Employees
— and their families —
of

THE UNIVERSITY OF ILLINOIS

at

Champaign-Urbana and the Chicago Professional Colleges

1960-1961



Today, health insurance has become increasingly more important. The cost of basic hospital facilities and services have continued to rise. The advancements in the field of therapeutics have been impressive but also expensive. Rarely can an individual, with no health insurance, meet the expenses of a hospital confinement of even a few weeks without undue financial strain.

During the past eleven years the University has made available to its employees a voluntary Hospital-Medical-Surgical insurance plan that not only assists in the handling of the hospital confinement of a few hundred dollars but also the confinement that runs into the thousands of dollars. While many other health insurance plans are increasing their premiums, it is our pleasure to announce that the same high benefits available during this past year, will be continued during the policy year beginning October 1, 1960 with no increase in premiums.

WHO IS ELIGIBLE?

1. All active full-time and active part-time Employees of the University of Illinois at Champaign-Urbana and the Chicago Professional Colleges Campus, the staff of Allied Surveys and Laboratories on the Champaign-Urbana Campus, and the Athletic Association Staff at Champaign-Urbana may participate in the plan regardless of age, physical condition, or occupation.

2. Present employees, except those indicated under point 3 below, may enroll ONLY at the annual enrollment date of October 1, provided application for their coverage with proper remittance is RECEIVED PRIOR to that date. Enrollment will not be permitted during the policy year EXCEPT as outlined under point 3 below.

3. Employees become eligible for this insurance at the effective date of their employment. Their insurance shall take effect on the first of the month following the date of application, or on the date of application if payment is made for the full month, provided application with proper remittance is RECEIVED WITHIN 60 days following the date of employment. New employees whose application and remittance are not received by the University within the above stated 60-day period will not be accepted for enrollment until the subsequent annual enrollment date of October 1.

Those in the dual capacity as a student and a staff member and who have carried student insurance have 60 days after permanent loss of eligibility under the student plan to convert to this insurance. A lapse in coverage will result, however, unless application is made on the day the student coverage terminates.

THE APPLICATION

on the Inside Back Cover

is for the use of

ONLY

Those Employees Who Are Not As Yet

Insured Under This

U. of I. GROUP PLAN

4. Such employees enumerated above may continue to participate should they take University approved leave, disability leave, sick leave, or sabbatical leave. Employees terminating employment with the University may continue to participate throughout the current policy year; then they may contact the Company direct regarding individual coverage.

5. Employees entering retirement during the 1960-61 policy year are eligible to continue participating if they have participated continuously under the former policy that this policy replaces and under this policy for 60 consecutive months immediately prior to the effective date of retirement.

Eligible retired employees may continue participating so long as they make premium payments when due.

Any retired person who allows coverage under this Group Plan to lapse at any time for any reason shall not be eligible for reinstatement.

6. Spouses of employees, not divorced or legally separated, and unmarried, dependent children under nineteen years of age, represent dependents eligible for coverage.

Such eligible dependents may be insured on the date your insurance becomes effective providing application for their coverage with proper remittance is RECEIVED PRIOR to that date, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED.

New dependents may be added on the date application is made within 60 days of attaining insurable status, provided application for their coverage with proper remittance is RECEIVED PRIOR to the end of that time, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED.

7. Spouses not remarried and/or other eligible dependents as indicated above of deceased employees (active or retired) are eligible to continue participation so long as they make premium payments when due. If they allow coverage to lapse at any time for any reason they shall not be eligible for reinstatement.

8. Medical examination for enrollment is not required; however, you and your eligible dependents will not be covered for the first twelve months, for any injury or disease which had its inception BEFORE the effective date of coverage as to the insured person in the University Faculty-Staff Insurance Plan, except that the above twelve month requirement is waived for new employees taking coverage within 60 days of employment.

9. Neither employees nor their dependents can be participants in both the staff and student insurance programs.

DESCRIPTION OF BENEFITS

The following HOSPITAL-MEDICAL-SURGICAL expense reimbursement benefits are available to you and your eligible dependents against loss resulting directly and independently of all other causes from accidental bodily injuries causing loss commencing while the policy is in force as to the Insured Employee or Insured Dependents and against loss resulting from disease causing loss commencing while the policy is in force as to the Insured Employee or Insured Dependents, provided, however, insurance under the policy shall not apply to any loss for disease contracted or commencing prior to the effective date of coverage as to the Insured Employee or Insured Dependents, unless the Insured Employee or Insured Dependent has been covered for a period of 12 months immediately prior to the date the Insured Employee or Insured Dependent incurs a loss, except coverage shall be applicable for any loss commencing while the policy is in force as to employees who apply for coverage within 60 days after the date of employment, subject to the provisions, conditions and limitations of the policy.

PART I HOSPITAL RESIDENCE EXPENSE

If, on account of such injuries or disease, the insured employee or insured dependents shall on the advice of a legally qualified physician or surgeon require residence as an in-patient in any legally operated hospital the company will pay the expense actually incurred each day for hospital room and board not to exceed \$14.00 per day for such hospital residence but in no event will the company's payments exceed \$294.00 for any one period of hospital confinement of the insured employee or insured dependent.

PART II MISCELLANEOUS HOSPITAL EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured employee or insured dependents shall incur expense for laboratory tests, anesthetics and administration thereof, use of operating room, medicine, drugs, dressings, blood transfusions and the administration thereof, X-rays, and ambulance expense to and from hospital (limit \$10.00 per confinement), the company will pay the actual expense thereof not to exceed in the aggregate \$100.00 for any one period of hospital confinement of the insured employee or insured dependent. Benefits under this part are to be paid in connection with out-patient surgical charges under Part IV.

PART III

PHYSICIAN'S EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part 1, the insured employee or insured dependents shall require treatment by a legally qualified physician, the company will pay the expense actually incurred each calendar day not to exceed \$4.00 per day but in no event will the company's payments exceed \$84.00 for any one period of hospital confinement of the insured employee or insured dependent. (Physician's expense excluded if a surgical operation expense is payable.)

PART IV

SURGICAL PROCEDURE EXPENSE

If, on account of such injuries or disease and during the period the policy is in force as to the Insured Employee or Insured Dependents, the Insured Employee or Insured Dependents shall require surgical treatment, the Company will pay the actual expense thereof not to exceed the maximum amount specified in the Schedule of Surgical Procedures on pages 11-14.

If two or more surgical procedures are performed during the course of a single operation involving only one incision, an expense will be payable only for that one procedure for which the largest amount is payable.

PART V

MATERNITY EXPENSE AS LIMITED HEREIN

No maternity benefits shall be payable under the new policy until it has been in force as to the person whose pregnancy is the basis of claim for at least thirty days prior to the inception of such pregnancy. If the insured employee or insured dependent whose pregnancy is the basis of claim has been previously and continuously insured under the University policy that this policy replaces, and maternity benefits would have been payable under such policy had it not terminated, the effective date of such maternity coverage shall be the effective date of the maternity coverage under the former plan.

Subject thereto, if the insured employee or insured dependent is hospitalized as provided in Part 1 as a result of pregnancy, childbirth, abortion, miscarriage, or any illness related to any of these, and the policy is then in force as to the insured employee or insured dependents, the maximum allowance for the combined Hospital-Medical-Surgical expense for mother and child shall not exceed \$100.00 for delivery of child or children or any illness related

thereto; \$200.00 for Cesarean section including delivery or abdominal incision for extra-uterine or tubal pregnancy or any illness related thereto; \$50.00 for abortion or miscarriage or any illness related thereto.

No benefits will be payable for services rendered a newborn child during the hospital confinement of the mother.

PART VI MISCELLANEOUS OUT-PATIENT EXPENSE-ACCIDENT

When by reason of injury for which no expense is payable under any other provision of the Policy the Insured Employee or Insured Dependents shall be necessarily treated as an Out-Patient in a hospital, clinic, physician's office, or at home within 7 days after the occurrence of such injury the Company will pay the expense of the type outlined in Part II, and physician's expense, actually incurred in that 7 day period, not to exceed in the aggregate \$25.00 for any one injury as to any one insured person.

PART VII CATASTROPHE EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured employee or insured dependents shall incur expenses of the type stipulated in Parts I, II, III, and IV hereof and which total expense is in excess of one and one-half times the aggregate amount of the claim to be paid under those Parts, the Company will pay 80% of such excess amount including charges of private, registered nurses not to exceed in the aggregate \$5,000.00 for any one claim as to any one insured employee or insured dependent. Maternity Expense, Part V, and any policy provisions not requiring hospitalization are excluded from this Part.

PART VIII EXCLUSIONS

The insurance under the policy shall not apply to: (a) such injuries sustained or disease contracted unless hospital residence is required in the treatment thereof, except as provided under Parts IV and VI hereof; (b) refraction or expense of eyeglasses; (c) loss due to dental treatment or dental surgery, except under parts I, II and VI hereof for natural teeth; (d) injury or disease for which expense is payable under any Workmen's Compensation or Occupational Disease law or arrangement; (e) loss due to pregnancy, childbirth, abortion, miscarriage, or any illness related to any of these except as

stated under Part V; (f) care provided by a health resort or rest home; (g) care provided by a governmental agency without cost to the insured employee or insured dependents; (h) intentionally self-inflicted injury; or (i) a newborn child during the maternity confinement of the mother.

PART IX EFFECTIVE DATE OF INSURANCE

The insurance of the insured employee and/or insured dependents shall become effective at 12:01 A.M., C.S.T. on the first day of October following the date application therefor and proper remittance are received by the University. (Subject to the provisions and limitations as outlined under "Who is Eligible" starting on page 2 hereof for new employees and new dependents.)

PART X TERMINATION OF INSURANCE

1. The insurance of the insured employee and insured dependents shall cease automatically, at 12:01 A.M., C.S.T., without need for notice to the insured employee:
 - a. At the expiration of the period for which premium has been paid;
 - b. On the date the policy terminates; or
 - c. On the anniversary date of the policy following the date the Insured Employee ceases to be an employee of the University. Employees entering retirement are eligible to continue their insurance provided they have been continuously covered under the former policy that this policy replaces, and under this policy for sixty consecutive months immediately prior to the date of retirement.
2. The insurance as respects an insured dependent of the insured employee shall cease automatically at 12:01 A.M., C.S.T., without need for notice to the insured employee:
 - a. On the date the insurance of the insured employee terminates; except that in the event of death of the insured employee, the insurance of any insured dependent of the insured employee, including spouse not remarried, shall remain in force so long as the policy remains in force and premium is properly paid by such insured dependent;
 - b. On the date such person ceases to be a dependent of the insured employee or marries;
 - c. If a child, on the anniversary date of the policy following the attainment of the age of nineteen years.

3. Upon written request for cancellation by the insured employee, premiums will be refunded computed from the first of the month following the date written request for cancellation is received by the University of Illinois, Insurance Office.
4. Termination of insurance shall be without prejudice to any claim originating prior thereto.

COMBINED BASIC AND CATASTROPHE PLAN . . . GROUP RATES

	*Quarterly (Oct., Jan., Apr., July)	* Semi- Annual (Oct. & Apr.)	* Annual (Oct.)
Employee only	\$ 8.25	\$16.25	\$32.25
Employee and one dependent	15.00	29.75	59.25
Employee and two or more dependents	17.50	34.75	69.25

*For premiums due, if enrolling at date other than specified call:

EXT. 2802 AT URBANA OR EXT. 330 AT CHICAGO PROFESSIONAL COLLEGE.

PLEASE NOTE . . .

1. You must elect the method of premium payment at the October premium billing date, and may not change it during the policy year.
2. New Employees must elect the method of premium payment at the time of applying for coverage; if applying at other than the dates specified above, call the Insurance Office for premium due.

IF IN DOUBT AS TO AMOUNT, CALL EXT. 2802 AT URBANA
OR EXT. 330 AT CHICAGO PROFESSIONAL COLLEGE.

HOW TO PRESENT CLAIMS . . .

1. Upon release from the hospital ask the hospital to prepare the Staff claim report (all Champaign-Urbana hospitals have a supply of these forms) and forward it along with their itemized bill to the Insurance Office, 258 Administration, Urbana. If employed at the Chicago Professional College, submit claim to the Business Office on that campus. (Do not send your bills to the Insurance Company.)

If an out-of-town hospital is involved, you may obtain the Staff claim report blank from the Insurance Office or the Business Office to be forwarded to the hospital and completed as indicated above.

2. In addition to the above, an itemized statement from your attending physician or surgeon is needed. The Staff claim is not to be completed by the physician, except in cases of outpatient treatment rendered away from a hospital.
3. Itemized statements for ambulance, anesthetist, surgical assistants, consultants, and private registered nurses, where these services are used, should also be presented.
4. Payments will be made direct to the insured employee unless the insured employee properly completes the assignment in detail on the reverse side of the Staff claim report, in which case payment will be made to the hospital and/or physician as designated in the claim report. Only the employee's own authentic signature will be honored.

HOW TO PARTICIPATE . . .

The following stipulations regulating premium payment by the insured employees are under the joint supervision of the Policyholder and the Insurer.

1. If you are already insured under the current University plan do not complete a new application. Premium notices and new insurance certificates will be sent automatically to present participants.

2. Employees, other than those indicated in 1. above, who wish to be insured under the plan should complete the application attached and send it with the correct remittance to the Bursar's Office, Room 101E, Administration Building, Urbana or the Business Office at the Chicago Professional College.

3. Coverage for applications and proper remittances received prior to October 1, 1960, will become effective on that date. Coverage for applications and proper remittance received after that date cannot be accepted until the following annual enrollment date, except that applications by new employees will be accepted if received with proper remittance within 60 days after date of employment.

4. Only one premium notice will be mailed to the insured employee at each of the applicable billing dates. Failure of the insured employee to receive any such premium notices shall not be the responsibility of the University Insurance Office. The grace period indicated on the premium notice will be strictly enforced.

Insured employees whose proper remittance is not received by the end of the five day grace period will be considered as delinquent; such insured employees will receive notification thereof soon thereafter and be allowed one month from date of delinquency to make proper remittance and return to good standing, or else be lapsed from coverage, without further notice, for the remainder of the policy year. The period in which a delinquent premium will be received and honored will be strictly enforced, and repeated delinquency of premiums shall be just cause for the University to terminate coverage as to any such insured employee without right to reinstatement during the remainder of the policy year.

**5. ALL REMITTANCES SHOULD BE MADE PAYABLE TO THE
"UNIVERSITY OF ILLINOIS."**

**6. Inquiry about this protection is welcome at the Insurance Office, 258
Administration (W) Bldg. Ext. 2802, Urbana, or at the Business Office,
Ext. 330, Chicago Professional Colleges.**

THE APPLICATION

on the Inside Back Cover

is for the use of

ONLY

Those Employees Who Are Not As Yet

Insured Under This

U. of I. GROUP PLAN

SCHEDULE OF SURGICAL PROCEDURES

Description of Operation	Maximum Allowance	Description of Operation	Maximum Allowance
Abdomen and Pelvic Cavity		Thigh (above knee joint)	112.50
Cutting for diagnosis or treatment of organs therein (unless otherwise specified in this schedule)	\$150.00	Thigh, including entire hip joint	150.00
Adhesions	150.00	Breast	
Appendectomy	150.00	Mastectomy, Single	112.50
Bronchoscopy, one or more	52.50	Mastectomy	150.00
Cholecystectomy	150.00	Chest	
Cholecystostomy	150.00	Bronchoscopy, one or more for foreign object or biopsy	52.50
Choledochostomy	150.00	Cutting into thoracic cavity for diagnosis or treatment	60.00
Colostomy	112.50	Induction of artificial pneumothorax	37.50
Cystostomy	150.00	Lobectomy	150.00
Diverticulectomy	150.00	Pneumonectomy	225.00
Gastrectomy	150.00	Pneumolysis	60.00
Gastroscopy	52.50	Thoracotomy	60.00
Gastrotomy	150.00	Thoracoplasty (complete) or removal of portion of lung	225.00
Herniorrhaphy, Single	75.00	Cysts	
Herniorrhaphy, Double	112.50	Bakers	30.00
Herniotomy, Single	75.00	Bartholin	37.50
Herniotomy, Double	112.50	Branchial	75.00
Hernia, Single-injection method (entire course of treatment)	37.50	Dermoid	52.50
Hernia, Double-injection method (entire course of treatment)	56.25	Ganglion	15.00
Laparotomy	150.00	Papillomas	7.50
Splenectomy	150.00	Pilonidal	75.00
Ulcer, Duodenal, Gastric or Peptic	150.00	Scalp or skin	15.00
Abdomen — female surgery		Sebaceous	15.00
Caruncle	22.50	Thyroglossal	75.00
Cervical Polyp	37.50	Wen	15.00
Cervical Stump	75.00	Dislocation, Reduction of	
Cervix, Amputation	75.00	Ankle, elbow, or shoulder	50.00
Cervix, Cauterization	22.50	Bones of hand or foot	20.00
Cervix, Conization	37.50	Collarbone	20.00
Cervix, Curettage	22.50	Hip or knee	70.00
Cervix, Dilatation	15.00	Lower Jaw or wrist	30.00
Colporrhaphy	37.50	Patella or kneecap	30.00
Cystocele	37.50	Thumb, finger or toes, one or more	20.00
Dilatation and Curettage	37.50	For dislocations requiring an open operation, maximum reimbursement will be twice the amount shown above.	
Gilliam Suspension	150.00	Ear	
Hymenectomy	22.50	Fenestration (one side)	112.50
Hysterectomy or Panhysterectomy	150.00	Fenestration (both sides)	150.00
Hysterectomy or Panhysterectomy		Labyrinthotomy	225.00
Vaginal approach	75.00	Mastoidectomy (one side)	112.50
Meatus, Fulgeration of	7.50	Mastoidectomy (both sides)	150.00
Myomectomy	150.00	Myringotomy	15.00
Oophorectomy	150.00	Polyps removal	15.00
Perineorrhaphy	75.00	Eye	
Salpingectomy	150.00	Cataract needling	52.50
Salpingo-oophorectomy	150.00	Cataract removal	75.00
Panhysteroophorectomy	150.00	Chalazion on eyelid	15.00
Panhysterosalpingectomy	150.00	Corneal ulcer	7.50
Panhysterosalpingoophorectomy	225.00	Detached retina	75.00
Rectocele	37.50	Enucleation or evisceration	75.00
Trachelorrhaphy	75.00	Foreign body removal	7.50
Urethrocele	37.50	Glaucoma	75.00
Uterus —		Iridectomy	37.50
Retroversion or suspension, correction by abdominal approach	150.00	Keratotomy	37.50
By vaginal approach	75.00	Lachrymal gland or sac	37.50
Vaginal prolapse	150.00	Pterygium	30.00
Amputation		Removal of eye	75.00
Entire foot, arm, forearm, or entire hand	75.00	Sclerotomy	37.50
Fingers or toes, each (one entire phalanx)	15.00	Strabismus, one stage	52.50
Leg (below knee joint)	75.00		

Description of Operation	Maximum Allowance
Strabismus, two or more stages	75.00
Tarsorrhaphy	22.50

Reduction of Fractures

Arm (upper), kneecap (patella), lower leg, (tibia, fibula), olecranon, pelvis, tibia and fibula, spine, thigh (femur) or vertebra or skull	100.00
Arm (lower), collarbone (clavicle), jaw (Alveolar process excepted), shoulder blade (scapula)	50.00
Colles fracture, radius or ulna	50.00
Colles fracture, wrist	30.00
Hand, feet, sternum or wrist	30.00
Nose, coccyx, rib or ribs	20.00
Thumb, fingers or toes, one or more	20.00

The amounts shown above are for simple fractures requiring reduction; for compound fractures the maximum amount of reimbursement will be one and one-half times the amount shown for the corresponding fracture.

For fractures requiring an open operation, the maximum amount of reimbursement will be twice the amount shown above for the corresponding fracture.

Genito-urinary

Cystoscopy	22.50
Cystostomy	112.50
Cystotomy	112.50
Epididymectomy	52.50
Hydrocele, excision, or incision and treatment of sac (tapping excepted)	37.50
Kidney, entire removal	225.00
Kidney, cutting into for stones, infection or tumor	150.00
Nephrectomy	225.00
Nephropexy	150.00
Nephrotomy	150.00
Orchidectomy	52.50
Orchidopexy	52.50
Perineoplasty	75.00
Removal of tumors or stones in bladder, kidney, or ureter by crushing, cauterization or endoscopic means	37.50
Removal of tumors or stones in bladder or ureter by open operation	75.00
Removal of entire prostate by open operation (complete)	225.00
Removal of part of prostate by endoscopic means	60.00
By other cutting operation	112.50
Revision bladder neck	112.50
Stricture, cystoscopy for dilation to promote passage of urine	22.50
Stricture of urethra	
Open operation	75.00
Intra-urethral cutting operation	37.50
Stress urinary incontinence (Kelly urethral plastic)	37.50
Transurethral prostatic resection	60.00
Varicocele, cutting operation on	37.50
Vasectomy, partial only	22.50
Vasectomy (total removal)	37.50
Vasotomy (an incision only)	22.50

Description of Operation	Maximum Allowance
Incision or excision for removal	
Abscess (alveolar processes excepted)	22.50
Bunions (one or more)	22.50
Bursa	30.00
Carbuncle	15.00
Colpocoele	37.50
Debridement	37.50
Enterocoele	37.50
Embolectomy	75.00
Exostosectomy	37.50
Felon	22.50
Foreign body under skin	7.50
Ganglion	15.00
Glands, simple	15.00
Granuloma	37.50
Lipoma	37.50
Myomectomy	37.50
Ulcer	15.00
Wen	15.00

Joints and bones

Bone Graft	70.00
Cutting into ankle, elbow, hip, knee, shoulder or wrist joints for diagnosis or treatment of structures within the joint (tapping excepted)	80.00
Excision or fixation of ankle, elbow or wrist joints	50.00
Knee joint	150.00
Hip, sacroiliac or shoulder joints	200.00
Ligaments and tendons cutting operation	50.00
Ligaments and tendons	
Grafting of tendons, one or more	100.00
Suturing of tendons, single	50.00
Suturing of tendons, multiple	80.00
Patellectomy	150.00
Removal of knee cartilage	100.00
Removal of diseased portion of bone, including curettage (alveolar processes excepted)	80.00
Removal of spurs	
From finger or heel	30.00
From hip	70.00
Removal of portion of vertebra or vertebrae (coccyx processes excepted)	225.00
Removal of part of, or all of coccyx or vertebral process	100.00
Removal of vertebral disc	200.00
Rhinoplasty	200.00

Nerves and neuro-surgery

Anastomosis	112.50
Chordotomy (unilateral or bilateral)	150.00
Cutting into cranial cavity (drill taps excepted)	225.00
Decompression	150.00
Laminectomy	225.00
Phrenectomy	75.00
Repair	37.50
Rhizotomy	150.00
Sympathectomy	150.00

Nose and throat

Adenoidectomy	22.50
Antrum puncture	7.50
Antrum window	15.00
Bronchoscopy, one or more	
(Removal foreign body or biopsy)	52.50
Caldwell-luc	52.50
Esophagoscopy	52.50
Ethmoidectomy	52.50

Description of Operation	Maximum Allowance
Frontal sinus	52.50
Larynx intubation	37.50
Larynx Polyp Removal	22.50
Laryngectomy	150.00
Laryngoscopy diagnostic	22.50
Laryngoscopy operative	52.50
Ligation thyroid arteries only	75.00
Ligation thyroid arteries (two stage operation)	112.50
Lobectomy	150.00
Neoplasma of larynx	112.50
Polyp, removal nasal	15.00
Polyp, removal (bilateral)	30.00
Salivary calculus, removal	15.00
Salivary gland removal	52.50
Sinus Wash	7.50
Submucous resection	52.50
Sinus operation by cutting (puncture of antrum excepted)	52.50
Tags, tonsil	15.00
Thyroidectomy, complete procedure, including removal of thyroid arteries	225.00
Thyroidectomy, partial only	150.00
Tongue tie	15.00
Tonsillectomy, or tonsillectomy and adenoidectomy	37.50
Tracheotomy	52.50
Turbinectomy	22.50
Uvulectomy	15.00
Obstetrics	
(See Part V, titled Maternity Expense)	
Rectum	
Anal crypts	15.00
Anal Dilatation	15.00
Anaplasty	32.50

Description of Operation	Maximum Allowance
Carcinoma	150.00
Fissure	15.00
Fistula	37.50
Hemorrhoids, cutting operation or injection treatment for radical cure (complete procedure)	
External only	37.50
Internal, or internal and external	60.00
Polyp	22.50
Prolapsed rectum	37.50
Rectocele	37.50
Stricture of anus	37.50
Tumors	
Benign	37.50
Bladder	150.00
Brain	225.00
Kidney	150.00
Malignant of face, lip or skin	37.50
Malignant, except of face, lip or skin	150.00
Varicose veins	
Cutting operation or injection treatment (Complete procedure on all veins)	60.00
Incision of thrombosed vein	15.00
Saphenous vein ligation	37.50
Various—Miscellaneous	
Biopsy, if no other surgery involved	15.00
Paracentesis, tapping	15.00
Radium or X-ray therapy (each treatment)	7.50
Skin grafting, initial	37.50
Each additional grafting	7.50
Suturing all accidental wounds	7.50
In the event of cutting operations not specified above, an amount commensurate with similar operations will be paid.	



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